

State File No.
 Registrar's No.

FILED APR 13 1942
 Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-days
 In this community 5-vrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3733 West Pine Blvd.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sister Mary Malachy (Garrity)

3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced S. D.

6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unk. Unk. 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 Unk. Unk. hr. min.

9. Birthplace Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business.....

12. Name Unknown

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Florian
 (b) Address 3733 West Pine Blvd.

17. (a) Burial (b) Date thereof 3-30-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) MAR 28 1942 (b) J. H. Bredeck
 (Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th.
 year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-24-42
 19..... to 3-26-42 19.....
 that I last saw her alive on 3-26- 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Colon 2 yrs
(inoperable) (from history)
 Due to (Complicated by intestinal
obstruction - 7 days
 Other conditions.....
 (Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature of Raymond (M. D. or other)
 Address 4290 W Pine Date signed 3-26-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.