

S. N. 1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15543 ✓

State File No. _____

Registrar's No. 1082

Registration District No. 28942

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mother of Good Council Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County
 (c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
 (d) Street No. 6825 Natural Bridge Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1942 hour 3 minute 00 A. M.
 21. I hereby certify that I attended the deceased from March
23rd 1942 to May 17th 1942
 that I last saw her alive on May 14th 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic cardiovascular renal disease, Senile dementia, Chr. hypertension, Cerebral apoplexy left; Hemiplegia right.
 Duration several mo.

3. (a) PRINT FULL NAME MARGARET ELLEN O'B RIEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 7 4 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Wilson

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

14. Maiden name Mary Ellen (unknown)

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

16. (a) Informant Mrs. D. W. Quinn

(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof 5-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 North Euclid Ave

19. (a) MAY 18 1942 (b) E. H. McFarren
(Date received local health) (Registrar's signature)

renal secondary; Uremia, uremic coma. 1 mo.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 13/10
 Of operations _____

Of autopsy _____
 Underline the cause to which death should be charged statistically.

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 E. H. McFarren (M. D. or other) _____

Address 3718 Jennings St. Date signed _____

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

231
0/42

707

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1912

May 1:00 P.M.

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 Albert Mayfield
Licensed Embalmer No. 13077
P. O. Address.....

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.