V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16151

State File No. 5035

Registration District No. FILED JUN 22 1942 791

Primary Registration District No. 1003

Registrar's No.

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

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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: DE PAUL HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 12

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 339 N. TAYLOR AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

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3. (a) PRINT FULL NAME NELLIE J. GAFFNEY

3. (b) If veteran, name war NONE

3. (c) Social Security No NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife P.J. GAFFNEY

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

7. Birth date of deceased MARCH (Month) 19 (Day) 1867 (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day hr. min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOME

FATHER
12. Name FAULKNER
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name McNULTY
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Helen Marie
(b) Address 1411 N. Taylor ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave

19. (a) JUN 10 1942 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1942 hour 1. minute 30 P. M.

21. I hereby certify that I attended the deceased from March 19, 1942 to June 9, 1942
that I last saw her alive on June 9, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	5 days
Due to Arteriosclerosis	?
Due to age	
Other conditions Aplastic anaemia (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations

Of autopsy Cerebral thrombosis with necrosis
Bone marrow changes

PHYSICIAN

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? —
(Specify type of place)

While at work? — (e) Means of injury

23. Signature R Emmett Cane (M. D. or other) 0

Address 1117 N Grand Date signed June 9/42

874

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.