

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis.**
(c) Name of hospital or institution:
5076 Westminster Place.
(d) Length of stay: In hospital or institution.....
In this community **14 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**
(c) City or town **St. Louis.**
(d) Street No. **5076 Westminster.**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Agnes Haley

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **Thomas Haley.** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **DONT KNOW** **1875**

8. AGE: Years **67** Months **DONT KNOW** Days **4** If less than one day..... hr. min.

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

10. Usual occupation **At Home.**

11. Industry or business

12. Name **Joseph McKeown.**
13. Birthplace **Ireland.**
14. Maiden name **Mary Conway.**
15. Birthplace **Ireland.**

16. (a) Informant **Catherine M. Pickel.**
(b) Address **5076 Westminster**

17. (a) **REMOVAL** (b) Date thereof **8-16-42**
(c) Place: burial or cremation **Braddock Pa**

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

19. (a) **AUG 16 1942** (b) Registrar's signature **J. J. Budeck**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15th** year **1942** hour **2** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Aug 1st** 19**42** to **Aug 15th** 19**42** that I last saw him alive on **Aug 14** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **9:30 C**
Due to **9:30**

Other conditions **Epilepsy - decubitus**

Major findings: Of operations **none**
Of autopsy **none**

Duration
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **W. J. Gallagher** (M. D. or other) **M.D.**
Address **7637 Ward** Date signed **8-15-42**

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

MOTHER, FATHER

*For Josephine McSpencer
930
at the
2295*

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.