

FILED NOV 4 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8763**

1. PLACE OF DEATH:

(a) County *St. Louis Mo.*
 (b) City or town *St. Louis Mo.*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3113 N. Newstead Ave.
 (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)

3. (a) PRINT FULL NAME **ANNA MAHER**

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

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

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

7. Birth date of deceased *Feb. 26 1872*
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 25 hr. min.

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

10. Usual occupation *House Work*

11. Industry or business.....

12. Name *Peter Mc Gath*

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

14. Maiden name *McGath*

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

16. (a) Informant *Thomas Maher*

(b) Address *3113 N. Newstead*

17. (a) *Burial* (b) Date thereof *Oct-24-1942*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Cape Girardeau*

18. (a) Signature of funeral director *J. Quinn*

(b) Address *113 89 W. 1st St.*

19. (a) *Oct 22 1942* (Date received local registrar) *J. R. ...* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *St. Louis*
 (c) City or town *St. Louis*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *3113 N. Newstead Ave.*
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *21*
 year *1942* hour *12* minute *5* M.

21. I hereby certify that I attended the deceased from *July* 19*41* to *Oct* 19*42*

that I last saw her alive on *Oct 20* 19*42*

and that death occurred on the date and hour stated above.

Immediate cause of death *chronic myocarditis*

Due to *chronic myocarditis*

Due to.....

Other conditions.....

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 *J. F. ...* (M. D. or other).....

Address *2901 N. Newstead* Date signed *10/21/42*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address.

732 Fernway Pk

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.