

FILED JAN 31 1943

Registration District No. Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 1211

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3741 Cote Brilliante Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Anna S. Hegarty,

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Hegarty

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

7. Birth date of deceased Nov. 22 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Carlin

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Ward

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Hegarty

(b) Address 3741 Cote Brilliante Ave.

17. (a) Burial (b) Date thereof 1-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JAN 18 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of thyroid with metastasis to mandibular bone, lung, and kidneys, fracture of radius
Due to unpaid up of depression fell to the floor at his home 3741 Cote Brilliante St Louis Mo
Duration _____
Due to Dec 29 1942 about 6.00 PM

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

Major findings: 18/18
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Dec 29 1942

(c) Where did injury occur? St Louis 0000
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

Means of injury Fall

23. Signature Walter J. Perry (M. D. or other)

Address St Louis Date signed 1/16/43

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.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.