

FILED FEB 18 1943  
 Registration District No. 1843

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County..... St. Louis  
 (b) City or town..... St. Louis  
 (c) Name of hospital or institution..... Alexian Bros. Hospital  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 6-Years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... Mo. (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... 4980 Thekla Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... Patrick T. McGlynn  
 3. (b) If veteran, name war..... None  
 3. (c) Social Security No..... None

4. Sex..... M. 5. Color or race..... W.  
 6. (a) Single, widowed, married, divorced..... M.  
 6. (b) Name of husband or wife..... Genevieve V. McGlynn  
 6. (c) Age of husband or wife if alive..... 66 years  
 7. Birth date of deceased..... Unk. Unk. 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 74 Unk. Unk. hr. min.

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

10. Usual occupation..... Retired Clerk  
 11. Industry or business..... Mo. Pacific R.R.

12. Name..... Thomas McGlynn

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

14. Maiden name..... Rose Dunn  
 15. Birthplace..... Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Genevieve McGlynn  
 (b) Address..... 4980 Thekla Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-25-1943  
 (Month) (Day) (Year)

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

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

19. (a) JAN 22 1943 (b) J. F. Brundage  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 22nd. year..... 1943 hour..... 1 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Feb. 15, 1937, to..... Jan. 21, 1943.  
 that I last saw him alive on..... Feb. 21, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocardial degeneration  
 Chronic Hypertension

Due to.....  
 Due to.....

Other conditions..... Senile Dementia  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... Myocardial degeneration

Duration

PHYSICIAN

Underline the cause to which death is 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) (c) Means of injury.....

23. Signature..... J. F. Brundage (M. D. or other)  
 Address..... 725 Finco Bldg. St. Louis Mo. Date signed..... 1/22/43

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**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**