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32873

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 000

1. PLACE OF DEATH: 4
 (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 St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 min.
 (Specify whether
 In this community 57 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 12
 (c) City or town St. Louis 914
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6243 Walsh St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Ellen McGinnity
 3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 2
 year 1943 hour 4 minute 30 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife James McGinnity
 6. (c) Age of husband or wife if alive 1873 years

21. I hereby certify that I attended the deceased from June 24, 1942, to Feb 2, 1943
 that I last saw her alive on Feb 2, 1943
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 20 1873
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion 18 hours.

8. AGE: Years Months Days If less than one day
69 7 12 hr. min.

Due to Hypertensive Cardiovascular disease Several years

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

Due to 131

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 131

11. Industry or business
 12. Name John Hogan
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

Major findings: Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name Ellen Bresnahan
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant John P. McGinnity
 (b) Address 6243 Walsh St.

17. (a) Burial (b) Date thereof 2-5-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) FEB 3 1943 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

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 John J. Fite M.D. (M. D. or other)
4205 Carter Ave. Date signed 2-2-43
St. Louis

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

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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 Sheldora Collier

Licensed Embalmer No. 3382

P. O. Address.....

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.