

LED MAR 11 1943

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Mary Hospital
(d) Length of stay: In hospital or institution 7 Days
In this community 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town City of St. Louis
(d) Street No. 4959 Magnolia
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank Hennessy
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased March 1 1880

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>24</u>hr.min.

9. Birthplace St. Louis Missouri

10. Usual occupation Grocery Clerk

11. Industry or business Retired 15 Years

12. Name Michael Hennessy
13. Birthplace Ireland 4
14. Maiden name Sarah Keough
15. Birthplace Ireland 4

16. (a) Informant Michelle Hennessy
(b) Address 4959 Magnolia

17. (a) Burial (b) Date thereof 2-26-1943
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) FEB 26 1943 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1943 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from Feb 17 1943 to Feb 24 1943
that I last saw him alive on Feb 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition -

Due to Far Advanced Pulmonary Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed [Signature]

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

MOTHER FATHER

Dr. J. F. Lancy University Club
1-2

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.....

Vincent J. Benneyman

Licensed Embalmer No.....

4098

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.