

Registration District No. 784 Primary Registration District No. 112

1. PLACE OF DEATH: (a) County: St. Louis (b) City or town: Rock Hill (c) Name of hospital or institution: _____ (d) Length of stay: _____ In this community: _____

2. USUAL RESIDENCE OF DECEASED: (a) State: Mo (b) County: St. L. (c) City or town: Rock Hill (d) Street No.: 1042 Charleville (e) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: JEREMIAH S. MAHER

MEDICAL CERTIFICATION

3. (b) If veteran, name war: _____ 3. (c) Social Security No: 497-16-7055

20. DATE OF DEATH: Month 20th day Mar year 1943 hour 10 minute 30 P. M.

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: MARRIED

21. I hereby certify that I attended the deceased from Feb 17 - 1943 to 19, 1943; that I last saw him alive on 18th, 1943; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife: Gemma Gagner 6. (c) Age of husband or wife if alive: 66 years

Immediate cause of death: acute Myocarditis Duration _____

7. Birth date of deceased: Feb 2 1874

Due to: acute Stenosis arteriosclerosis

8. AGE: Years 69 Months 1 Days 18 If less than one day: _____ hr. _____ min.

Due to: _____

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

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

10. Usual occupation: Night Watchman

Major findings: _____ Of operations: _____

11. Industry or business: Real Estate Builders

12. Name: Michael Maher

Of autopsy: _____

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

14. Maiden name: Kellen St. Ledger

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

16. (a) Informant: Emily Maher

(b) Address: 1042 Charleville ave

17. (a) (b) Date thereof: 3-24-43

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: M. J. Croghan

(b) Address: 2440 S. Main St. St. Louis

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(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: Joseph Trischel (M. D. or other) Address: 7563^{1/2} Manchester Date signed: 3/22/43

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

477 e. A

APR 22 1978

368-380

APR 22 1978

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.....

Albert S. Hoppe

Licensed Embalmer No.....

12971

P. O. Address.....

4704 Washington

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.