

FILED APR 23 1943

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 74 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1916 Division St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary (Ninnie) Horgan

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5/Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Timothy Horgan 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased: -- -- 1869
(Month) (Day) (Year)

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

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

10. Usual occupation housework

11. Industry or business

12. Name John Singer

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

14. Maiden name unknown

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

16. (a) Informant Charles Toohy

(b) Address 2329 N. Market St

17. (a) burial (b) Date thereof 4-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Godard

(b) Address 2228 St. Louis Ave

19. (a) Apr 15 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1943 hour 7 minute 45 A.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.....
Coronary sclerosis
arteriosclerosis

Due to.....
PH

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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).....
(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 Thomas P. Callahan (M.D. or other)
Address Capitay Carover Date signed 4-10-43

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

MOTHER FATHER

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..... *Marie R. Cashner*.....
..... Licensed Embalmer No. *3949*.....
..... 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.