

Registration District No. 18

Primary Registration District No. 1003

3613

1. PLACE OF DEATH:

(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. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WEEKS
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 221 N. GRAND BLVD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REV. LINUS LILLY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased SEPT. 26, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 20 hr. min.

9. Birthplace CARROLLTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CATHOLIC PRIEST

MOTHER FATHER { 11. Industry or business _____

12. Name DONT KNOW LILLY

13. Birthplace DONT KNOW MO.
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW MO.
(City, town, or county) (State or foreign country)

16. (a) Informant REV. J. HERBES S.J.

(b) Address 221 N. GRAND BLVD

17. (a) BURIAL (b) Date thereof 4-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. STANISLAUS SEMINARY FLORISSANT MO.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 18 1943 (b) J. F. Buleck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16,
year 1943 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan - 1943 to Apr. 16, 1943
that I last saw him alive on 4-16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio sclerosis
encephalomalacia due to thrombosis
Due to _____

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration

4-5 days

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) 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? _____
MO. _____

While at work? _____ (Specify type of place) (e) Means of injury MI

23. Signature John J. Hammond (M. D. or other) MD

Address 434 N. Grand Date signed _____

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

Approved
Jan. 21 1964
2-15

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 Linden

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.