

0643  
S. No. 2  
7-9-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12493

State File No.

3700

ED APR 28 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County 35th NR.  
(c) City or town Brooklyn  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country L

3. (a) PRINT FULL NAME Cornelius J. Maynehan

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 Oct-13-1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jamaica New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Mail

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Sawyer

(b) Address 3231 11th St

17. (a) Burial (b) Date thereof 4-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookville Pa.

18. (a) Signature of funeral director Gully & Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) APR 20 1943 (b) J. P. Buehler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19,  
year 1943 hour 11:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March  
25, 1943 to April 19, 1943  
that I last saw him alive on April 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death For advanced Pulmonary  
Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/3

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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) 212

(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? \_\_\_\_\_ Means of injury ⊙

23. Signature William J. Park (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date 4/20/43

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.....

*Clement McNeufs*

Licensed Embalmer No. *3732*

P. O. Address.....

*St. Louis*

**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.**