

Registration District No. 17

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home & Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-23-43 to 6-20-43
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
4

(d) Street No. 407 N Taylor
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ellen Mahoney

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: February 14th 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	6	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John O'Malley

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

14. Maiden name Nancy McNulty

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

16. (a) Informant Nellie Carr

(b) Address 4511 McPherson Ave

17. (a) Burial (b) Date thereof June 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) 6761 22 MAR (b) C. J. McDevlin
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 23, 1943, to June 20, 1943, that I last saw her alive on June 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Shock - following cystoscopy 2 1/2 hrs.

Due to Senility

Due to Ch. cystitis

Other conditions Ch. myocarditis
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 93d

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 A. J. Denny (M. D. or other) MD

Address Creve Coeur Mo Date signed 6-22-43

JUN 22 1943

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

100

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

Frank J. Owen

Licensed Embalmer No.

2245

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.