S. No. 2
OM—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23049

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6594

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1524 North Euclid /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1524 No Euclid
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Hanrahan

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 2 widow

6. (b) Name of husband or wife John Hanrahan

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

7. Birth date of deceased August 15th 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed Stone
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Marcella Lorum
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. John Springer
(b) Address 1524 No Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid

19. (a) JUL 21 1943 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from May 20 1943 to July 20 1943 that I last saw he alive on July 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia P Disease

Due to Chronic interstitial Nephritis

Due to Rheumatic Nephritis

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

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)

(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 Nils Lauxaas Hardeman M.D. (M. D. or other)
Address 508 N Leonard Clayton Date signed 7/20/43

(Licensed Embalmer's Statement on Reverse Side)

M.L.
Dr. Heideman
Met. Bldg.,
Thu. 2-5:30 PM.
Be there at 2:30 today

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 J. Mayfield

Licensed Embalmer No. 3077

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.