

FILED SEP 28 1943 18
Registration District No. 1003

Primary Registration District No.

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

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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5236 Kensington
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank James Lonergan

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-05-8464

4. Sex Male 0 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. 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 0 6 hr. min.

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

10. Usual occupation. Shoe Worker

11. Industry or business. International Shoe Co.

MOTHER FATHER
12. Name. James Lonergan
13. Birthplace. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name. Ann Richardson
15. Birthplace. Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Mae Lattner

(b) Address. 5236 Kensington Ave.

17. (a) Burial (b) Date thereof. 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Drehmann-Harral

(b) Address. 1905 Union Blvd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14
year. 1943 hour 8:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 17, 1943, to September 14, 1943
that I last saw h. v. m. alive on September 14, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of bladder Urinary

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

Major findings: Of operations Carcinoma of bladder

Of autopsy Carcinoma of bladder with adenocarcinoma

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. Frank H. Brimmer (M. D. or other)
Address. BARNES HOSPITAL Date signed 9-15-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Warren P. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.