

FILED SEP 2 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

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 10 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patrick McDonough

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 31, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 14 hr. _____ min.

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

10. Usual occupation Wheeler

11. Industry or business

MOTHER FATHER
12. Name unk. 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name unk.
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Richard McDonough

(b) Address 3443 Charlock, Ashland, Mo.

17. (a) Burial (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 N. Euclid av

19. (a) SEP 16 1943 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo.
(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")
(d) Street No. 5434 Senneville av
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1943 hour 7:35 minute P. M.

21. I hereby certify that I attended the deceased from September 6, 1943 to September 15, 1943, that I last saw him in alive on September 15, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Bilateral lobar pneumonia 10 days

Due to _____
Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy No postmortem

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 William J. Darr (M, D, or other) 9/16/43
Address 1515 Lafayette Avenue Date signed _____

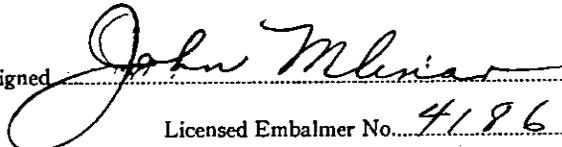
STATEMENT BY LICENSED EMBALMER

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


.....

Licensed Embalmer No. 4186

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.