

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8295**

FILED SEP 28 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 _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1514 East Grand Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 East Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary McCunnigle

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Dec, 27th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 18 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Clarahan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret King
15. Birthplace Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret McCunnigle

(b) Address 1514 East Grand Blvd

17. (a) Burial (b) Date thereof 9/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (e) SEP 18 1943 (b) J. F. Bredek
(This received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 15th
year 1943 hour 5 minute 30pm M.

21. I hereby certify that I attended the deceased from Sept 15 1943 to Sept 18 1943
that I last saw her alive on Sept 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus

Due to coronary atherosclerosis
arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Wm. H. King (M. D. or other) _____

Address 19189 at Grand Date signed _____

acc
9/17/43

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 *Frank H. Stewart*

Licensed Embalmer No. 2265

P. O. Address 4600 Nat Bridge Ave

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.