

**FILED OCT 22 1943**

Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **6113 Gambelton Pl.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Mary J. Herley.**

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

4. Sex **Female** 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: **Feb. 29, 1867.**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Patrick Herley**

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

14. Maiden name **Mary Sisk**

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

16. (a) Informant **Frank H. Herley**

(b) Address **6113 Gambelton Pl.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 15/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **OCT 14 1943** (Date received local report) (b) **J. F. Breduck** (Registrar's signature)

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. **6113 Gambelton Pl.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13** year **1943** hour **12.45** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **July 1, 1943** to **Oct 13, 1943**  
that I last saw her alive on **Oct 13, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration \_\_\_\_\_

Due to **hypertension**  
Due to \_\_\_\_\_

Other conditions **93**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **0**

23. Signature **W N White** (M. D. or other) **W N White**  
Date signed **10-13-43**

Dr. W.H. White  
2803 N. Kingshighway  
1-21 7-8 P.M.  
FO. 1336.

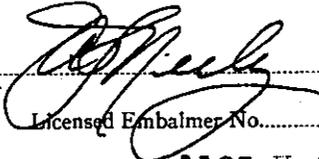
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**STATEMENT BY LICENSED EMBALMER**

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..... 3225  
P. O. Address..... 1125 Hodiamont 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.**