

LED NOV 13 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2506

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Agnes Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 5yrs (Specify whether
In this community 5yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7457 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Andrew J McNamara

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

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

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

7. Birth date of deceased Feb 4th. 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 5 hr. 0 min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Retired

MOTHER FATHER { 12. Name John C McNamara

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

14. Maiden name Mary G Doyle

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

16. (a) Informant Blanche McNamara

(b) Address 2916 N. Kingshighway

17. (a) Burial (b) Date thereof 10/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signature Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) NOV 10 1943 (b) E. J. Mc Carver, M.D.
(Date received local registrar) (Registrar's signature) 2. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th.
year 1943 hour 7:AM minute M.

21. I hereby certify that I attended the deceased from Nov 1, 1943 to Nov 9, 1943
that I last saw him alive on Nov 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Arteriosclerosis ?

Due to Age

Other conditions None
(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 —

23. Signature Plummer (M. D. or other)

Address 117 N. Green Date signed 11/9/43

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

*P. J. Conner & Son
Grand & Co.*

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 *John Gonoski*

Licensed Embalmer No. *3398*

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.