

FILED MAR 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1672

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:
DePaul Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6016 Michigan
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret M. Finnegan
 (b) If veteran, name war No.
 (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 17
 year 1944 hour 8.20 minute A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Michael
 (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased November 7 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17, 1944, to Feb 17, 1944
 that I last saw him alive on Feb 16 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 3 Days 10
 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary thrombosis
 Duration 1/2 hour

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

Due to Chronic myocardial changes 6 mo
 Due to Coronary vascular renal disease 1 yr

11. Industry or business _____
 12. Name Patrick Hebron
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Price
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Other conditions Acute pyelonephritis 1 mo
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Michael Finnegan
 (b) Address 6016 Michigan
 17. (a) Burial _____ (b) Date thereof 2/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nat. Cem. Jeff. Barracks
 18. (a) Signature of funeral director J. F. Bradeck
 (b) Address 7128 Michigan
 19. (a) FEB 20 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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 J. F. Bradeck (M. D. or other) _____
 Address 117 N Grand Date signed 2/18/44

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

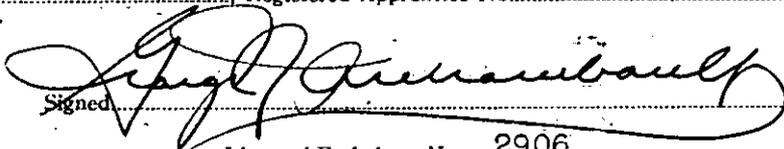
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P.O. Address 7128 Michigan 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.