

FILED APR 13 1944

318

State File No.

Registrar's No. 3212

Registration District No.

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, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5924 McArthur Avenue  
(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

8. (a) PRINT FULL NAME Ann McDonald

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Alexander 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 25th 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	9	hr. _____ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Thomas Garaghty  
 13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary (unknown)  
 15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary McDonald-daughter

(b) Address 5924 McArthur Avenue

17. (a) burial (b) Date thereof 4-7-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Avenue

19. (a) app (b) J. F. Brodeur  
(Date received at registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5924 McArthur Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
 year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from March 15/44  
 to Apr 4/1944  
 that I last saw her alive on Apr 4/1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: 7 Chronic Myocarditis, 9 compensated, 1 No  
 Due to: 2 Ch. Loicite Myelitis, Hypertension 29yr+  
3 Ch. Int. Nephritis 29yr+  
 Due to: 4 Ch. Hypertension  
5 Ch. Hypertension  
6 Ch. Coronary  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: NO

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: L  
 (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 J. F. Brodeur (M. D. or other)  
 Address 3718 Junney St 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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address D. Hoar, Me

**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, above space should be left blank.**