

FILED JUN 9 1944

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 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: St. City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 7 mos. 24 ds.
In this community 57 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4531 Davison
5400 Arsenal St.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE CARNEY

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

7. Birth date of deceased May 26 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Pat Graham

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

14. Maiden name not known

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

16. (a) Informant D. Singler

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 5/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sullivan Bras

(b) Address 2849 N. Euclid Ave

19. (a) MAY 25 1944 (b) J. F. Bredak
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 10.15 minute p. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to May 23, 1944
that I last saw h. or alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis 1941x

Due to Senility.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 John P. Bredak (M. D. or other)

Address 5400 Arsenal Date signed 5/27/44

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 *Eugene A. Duller*

Licensed Embalmer No. *2930*

P. O. Address *St. Louis, Mo.*

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.