No. 2
—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16691

State File No.

FILED JUN 9 1948

Registration District No. 1 Primary Registration District No. 1003

Registrar's No. 4866

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

1. PLACE OF DEATH:

(a) County

(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. John 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 3yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13

(c) City or town St. Louis 57
(If outside city or town limits, write "RURAL")

(d) Street No. Northwestern Hotel
(If rural, give location) 4919 Natural Bridge

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Mary Rigney

3. (b) If veteran, name war None

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 ? ? ? (Month) (Day) (Year)

8. AGE: Years About 80yrs. Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) U.S.A. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Not ascertainable
13. Birthplace (City, town, or county) " " (State or foreign country)

MOTHER
14. Maiden name " " "
15. Birthplace (City, town, or county) " " (State or foreign country)

16. (a) Informant Dr Mathew Weiss

(b) Address 634 N. Grand Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Funeral Director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) MAY 26 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.
year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 24, 1944, that I last saw her alive on May 24, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24hrs
Due to Hypertension + Arteriosclerosis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J R Brennan M.D. (M. D. or other)

Address 519 University Club Bldg Deceased 5/26/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Brennan
Terrain Desloge
11 30 AM

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 Ogonoski

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.