

FILED JUN 13 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Council Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Yrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6825 Nat'l. Bridge Rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine White

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

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

7. Birth date of deceased March 27th., 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>5</u>	hr. min.

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

10. Usual occupation At Home

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

12. Name Thomas Foley  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary O'Grady  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leo White  
(b) Address 2526 N. Vandervanter Ave.

17. (a) Burial (b) Date thereof 6-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) JUN 5 - 1944 (b) L. G. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd.,  
year 1944 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from August 20,  
1937, 19\_\_\_\_, to June 2, 1944  
that I last saw her alive on June 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>General Arterio sclerosis</u>	<u>7 yrs</u>
<u>General arthritis deformans</u>	<u>7 yrs</u>
<u>Chronic pernicious anemia</u>	<u>7 yrs</u>
<u>Chronic Myo corditis</u>	<u>7 yrs</u>
<u>Secondary causes</u>	
<u>Myo Cordial decompensation</u>	<u>4 mo.</u>
Other conditions: <u>Anasarca</u>	<u>4 mo.</u>

Major findings:  
Of operations 930  
Died in the home of relatives  
Of autopsy no  
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) (e) Means of injury \_\_\_\_\_

23. Signature L. G. ... (M. D. or other) \_\_\_\_\_  
Address 3718 Jennings Rd. Date signed 6/2/44

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

MOTHER, FATHER

Gr 1968  
1-6

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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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**