

FILED SEP 8 1944
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Res:- Claridge Hotel, 1800 Locust
(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 Missouri (b) County 000
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
921

(d) Street No. Claridge Hotel, 1800 Locust
18th & Locust (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cap't Martin Healey.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd,
year 1944 hour 11 minute 3' A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

6. (b) Name of husband or wife none. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30, 1868.
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 76. Months 3 Days 22 If less than one day hr. _____ min. _____

Due to Cardiac Hypertrophy

Due to Arteriosclerosis

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

10. Usual occupation Retired Captain U.S.A.

11. Industry or business (Infantry).

Other conditions (include pregnancy within 3 months of death) 95

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name Unknown Healey.

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

14. Maiden name Mary Clark.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Arthur Grant.

(b) Address Larchmont, N. Y.

17. (a) Cremation. (b) Date thereof 8/24/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

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? _____

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) AUG 22 1944 (b) J. F. Braddock
(Date received local) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature Reginald Brown (M. D. or other) _____
Address _____ Date signed 8/23/44

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

St. Louis Coroner.
City Mortuary.
MA: 5560.

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.