

FILED AUG 21 1944

State File No. _____

Registration District No. 817

Primary Registration District No. 6076

Registrar's No. 1727

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Crodelet, Missouri Gardenville

(c) Name of hospital or institution: Miller Nursing Home

(d) Length of stay: In hospital or institution _____

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis

(d) Street No. 4920a Northland Place

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

3. (a) PRINT FULL NAME: Mary Fallon

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: John Fallon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 19th 1858

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace: Nashville, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business _____

12. Name: Joseph Grady

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

14. Maiden name: Anna Doyle

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

16. (a) Informant: Mrs. Marguerite Orlick

(b) Address: 4920a Northland Place

17. (a) burial (b) Date thereof: 8/16/44

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

18. (a) Signature of funeral director: Sullivan Brothers,

(b) Address: 2649 North Euclid

19. (a) AUG 16 1944 (b) E. B. McGarran, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1944 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from April 4th 1944 to Aug 8th 1944 that I last saw her alive on Aug 8th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of the rectum

Due to: arteriosclerosis

Due to: _____

Other conditions: 46d

Major findings: _____

Of operations: _____

Of autopsy: _____

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: M. Meredith (M. D. or other) MD

Address: 1257 N. Kingshighway Date signed: 8-14-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. J. J. Meredith
1259 No. Kings Highway
Fo. 0047

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

Raymond A. Sullivan
.....
Licensed Embalmer No. *2930*.....

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.