

FILED NOV 22 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9712
Registrar's No.

Registration District No. Primary Registration District No. 1003

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:
5926 Sherry Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Bridget McDonough
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 Thomas McDonough
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk. Unk. 1863
(Month) (Day) (Year)

8. AGE: *alt* = 81 Years Months Days If less than one day
Unk. Unk. hr. min.
9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business
12. Name McDermott Roe
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Caffrey
(b) Address 5926 Sherry Ave.
17. (a) Burial (b) Date thereof 11-17-44
(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) NOV 15 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 Papin St. 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14th.,
year 1944 hour 8 minute 45 a. M.
21. I hereby certify that I attended the deceased from March 22 1939 to 11-14-44, 19...
that I last saw her alive on Nov 13-44, 19...
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myoearditis
Duration
Due to
Due to
Other condition Coronary arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations necropsy
Of autopsy necropsy
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? road
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
road
(Specify type of place)
While at work? (e) Means of injury road
3. Signature Dr. M. J. Hammann, M.D. or other
Address 2739 N. Grand Date signed 11/15

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

Dr. Harmon
Grand & St. Louis

10-11-45

JAN 26 1945

DEC 7 1944

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.