

FILED DEC 27 1944 **318**

Registration District No. _____ Primary Registration District No. **1003**

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 town) _____
(c) Name of hospital or institution:
4126 Maffitt Ave.
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 56 Years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") _____
(d) Street No. 4126 Maffitt Ave.
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Grady
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 James Grady 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 10, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Peter Mulligan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Durkin
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Connelly
(b) Address 4126 Maffitt Ave.

17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Connelly
(b) Address 3840 Lindbergh Blvd

19. (a) DEC 18 1944 J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15
year 1944 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased Jan 1944 to Dec 15 1944
that I last saw her alive on Dec. 15 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Primary Carcinoma of Stomach Duration _____
Ho

Due to _____
Due to _____

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. F. Budick (M. D. or other) _____
Address 1901 Easton St. Date signed 12/16

W. Van Matre

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. 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.