V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 197

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 378

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3114a New Ashland Place
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY DEEGAN

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 Joseph P. Deegan

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February (Month) 16th (Day) 1870 (Year)

8. AGE: Years 74 ~~75~~ Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---------

FATHER
12. Name John Kelly
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name (unknown)
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Shaughnessy
(b) Address 3114a New Ashland Place,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/16/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,

19. (a) JAN 15 1945 (Date received local register) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1945 hour 6 ~~10,30~~ minute 5 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic Pneumonia Fracture of Left Femure when she tried to avoid being bitten by one James Haines 6 year old while sitting on Chair in the washroom

Due to: Duration
Due to: Any moved over and slipped from Chair to floor. Arrived

Other conditions 3:00 P.M. Dec. 10. 1944
(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) Accident
(b) Date of occurrence Dec 10. 1944
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury As above

23. Signature Robert E. Taylor (M.D. or other)
Address Dey Cor Date signed 1/15/45

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Case,

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 Robert L. Finkman

Licensed Embalmer No. # 3553

P. O. Address St. Louis, Missouri

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.