

FILED FEB 13 1945

State File No. _____

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2918

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Agnes Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Rd 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John O. Bermingham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1945 hour 3:30 minute A.

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary E. Bermingham

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

7. Birth date of deceased: Feb. 12 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1942 to Jan. 1945
that I last saw him alive on Jan. 25 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death: Exhaustion due to infirmities of age

Due to _____

Due to _____

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

10. Usual occupation Retired

Other conditions Chronic myocarditis 3 yrs
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Simon Bermingham

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

14. Maiden name Mary Elizabeth McWhiff

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy 930

16. (a) Informant St. Agnes Home

(b) Address Kirkwood MO

17. (a) Burial (b) Date thereof 1-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Galbraith Cemetery

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 Louis G. App

(b) Address Kirkwood, MO

19. (a) JAN 31 1945 (b) C. S. McLawson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Aphe L. App (M. D. or other) _____
Address 3002 S. Jay St. Kirkwood Date signed 1/29/45

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 Felix Leland

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.