S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11894

Registration District No. 318 | Primary Registration District No. 1005 | Registrar's No. 3636

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 48 days (Specify whether years, months or days)

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 3317 Delmar (If rural, give location)

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

If yes, name country Ire

3. (a) PRINT FULL NAME Bridget J. Warrick

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race col

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

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 2nd 1890 (Month) (Day) (Year)

8. AGE: Years 55 | Months 2 | Days 19 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name unknown

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

MOTHER

14. Maiden name Mary Traynor

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

16. (a) Informant Geo W Warrick

(b) Address 3317 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Handley & Son

(b) Address 3133 Bell ave

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 1 minute 20 a 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.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Auricular Fibrillation	
Due to: Fracture & Gangrene of Right Foot.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation: Gangrene of Right Foot	
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 April 21 1945

(c) Where did injury occur? St Louis (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? No (e) Means of injury fall

23. Signature [illegible] (M. D. or other)

Address 822 N. Jefferson Date signed 4/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Hatton

Licensed Embalmer No. 269 A

P. O. Address 2769 Chouteau

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.