

FILED JUN 9 1945

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Little Sister of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 040
17

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

(d) Street No. Little Sister of the Poor
3400 S. Grand
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary English

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 24, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about</u>	<u>83</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name James Mc Carthey

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

14. Maiden name Bridget Graney

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

16. (a) Informant Mrs Dennis J. Sweeney

(b) Address 4107 Cleveland Ave

17. (a) Burial (b) Date thereof 5/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 28 1945 J. F. Budek
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27, year 1945 hour 8:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 28, 1945, to May 28, 1945; that I last saw him alive on May 26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 hrs

Due to Arterio Sclerosis 2 yrs

Due to _____

Other conditions g.i.
(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. Budek (M. D. or other) _____

Address 2070 Grand Date signed 5/28/45

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

Rep cert to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.