

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6877 ✓

Registration District No.

Primary Registration District No.

00
17
9

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 township)

(c) Name of hospital or institution:
St. Anthony Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 weeks,
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri, (b) County..... 000

(c) City or town..... St. Louis, 17 24
(If outside city or town limits, write "RURAL")

(d) Street No..... 2740 Chippewa St., 9
(If rural, give location)

(e) Citizen of foreign country?..... No 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Theresa C. Garaghty,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 4th
year..... 1945 hour..... 4: minute..... 35 A.M.

4. Sex..... Female! 5. Color or race..... White, 6. (a) Single, widowed, married, divorced..... Single,

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

7. Birth date of deceased..... September 13, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/30/45 to 8/3/45, 1945, that I last saw him alive on 8/3/45, 1945; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>21</u> hr. min.

Immediate cause of death.....
Carcinoma of sigmoid colon

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... Cape Girardeau, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home,

Major findings of operations.....
Colostomy on

Of autopsy..... no

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name..... Patrick Garaghty,

13. Birthplace..... Cape Girardeau, Missouri, 0
(City, town, or county) (State or foreign country)

14. Maiden name..... Messie Doyle,

15. Birthplace..... Cape Girardeau, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Leon X. Marchildon,
(b) Address..... 4460 Grace Ave.,

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Removal..... (b) Date thereof..... 8/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Cape Girardeau, Mo.

(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..... Gebken-Benz Mortuary
(b) Address..... 2842 Meramec St.,

23. Signature..... J. J. Rudeck (M. D. or other)
Address..... 4065 So Grand signed..... J. J. Rudeck

19. (a) AUG 5 1945 (Date recorded local registrar) J. J. Rudeck (Registrar's signature)

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 E Morris

..... Licensed Embalmer No. **3360**

..... 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.