

FILED AUG 3 1945

Primary Registration District No. 1003

Registrar's No. 6469

1. PLACE OF DEATH:

(a) County
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4959 Magnolia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town city of St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4959 Magnolia Avenue 9 13
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nellie Hennessy

3. (b) If veteran, name was none
3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 1 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 23 hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Michael Hennessy

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

14. Maiden name Sarah Kehoe

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

16. (a) Informant James E. Hennessy

(b) Address 4959 Magnolia Avenue

17. (a) burial (b) Date thereof 7-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. ...
(b) Address Grand Blvd.

19. (a) JUL 25 1945 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1945 hour 7 minutes 45 P. M.

21. I hereby certify that I attended the deceased from May 15/45
to July 22 1945
that I last saw him alive on July 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis -
Decompensated
Arteriosclerosis
Due to
Due to

Other condition Chronic Dehydrated Joints
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration
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) (M. D. or other)
23. Signature J. F. ... Date signed 7/25/45
Address ...

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

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17
9

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 *Virgil L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address *St. Louis, 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.