

FILED JUL 20 1945
318

State File No. _____
Registrar's No. 5833 ✓

Registration District No. _____ Primary Registration District No. 1003

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:
4256 Maryland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 4256 Maryland Ave. 919
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. McDonough

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 27 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 7 hr. _____ min.

9. Birthplace Carrollton Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James McDonough

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

14. Maiden name Sarah Foley

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

16. (a) Informant C.H. Misegades

(b) Address 4256 Maryland Ave.

17. (a) Removal (b) Date thereof 7-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 5 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from July 11, 1945 to July 27, 1945
that I last saw him alive on July 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Bronch. Pneumonia
Due to _____

Due to _____
Other conditions Stability
(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)
(Means of injury) _____

23. Signature Robert J. Farrell (M. D. or other) _____
Address 1224 N. Union Date signed 7/5/45

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

MOTHER FATHER

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

John Gonoski

Licensed Embalmer No.....

3398

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.