

S. No. 2
M-2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31947**
Registrar's No. **8565**

FILED OCT 31 1945

Registration District No. _____ Primary Registration District No. **1009**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Enroute To City Hosp #1 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 5069 Chippewa St
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret T Hastey

3. (b) If veteran, name war No

3. (c) Social Security No. No

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 Aug 22 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 | 1 | 10 | hr. _____ min. 0

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

10. Usual occupation Cafeteria Worker

11. Industry or business Hulings Restaurant

12. Name Luke M Hastey

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

14. Maiden name Margaret M Robinson

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

16. (a) Informant Thomas Hastey
(b) Address 5069 Chippewa St

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal) (b) Date thereof 10 5 45
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) OCT 4 1945
(Date received local registrar) J. F. Bredenk
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 2
year 1945 hour 9 minute 05 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.

Immediate cause of death
Coronary Atherosclerosis
Coronary Sclerosis

Due to _____

Due to _____

Other conditions
(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 3

23. Signature [Signature]
Address _____ Date signed 10/8/45

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

17
9

Coroner

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 *Richard W. Storman*

Licensed Embalmer No. *4007*

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.