

FILED NOV 17 1945
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Baden Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Halls Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 months
(Specify whether years, months or days) ?

3. (a) PRINT FULL NAME Mary J. McNamara

3. (b) If veteran, name war No

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

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

7. Birth date of deceased August 30, 1886.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>13</u>	hr. min.

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

10. Usual occupation School Teacher

11. Industry or business Public Schools

12. Name Patrick McNamara

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

14. Maiden name Margaret Harley

15. Birthplace Morristown, New York
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella McNamara

(b) Address 4828 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1945.
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 11-13-45 (Date received local registrar) (b) E. J. M. Gorman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5524 Natural Bridge Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th
year 1945 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from May 19, 1945, to Nov. 13, 1945;
that I last saw her alive on Nov. 10, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hypertensive Cardiac-renal vascular disease

Due to Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration one month

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? _____

23. Signature John F. Feutz (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 4703 Central Ave. St. Louis Date signed 11-14-45

4703 Center Ave
10:30

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 Ralph Linders
Licensed Embalmer No. 7275
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.