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-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

628

**FILED** JAN 25 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **209**

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution 3539 BINGHAM /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life  
(Specify whether in this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County no

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

(d) Street No. 3539 Bingham Avenue  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Mary K Maher

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 5. Color or race W 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 12 2 1879  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>3</u>	hr. min.

9. Birthplace Chicago Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U S Post Office

12. Name Thomas F Maher

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

14. Maiden name Eileen Conway

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

16. (a) Informant Harry J Maher

(b) Address 3539 Bingham Ave, St. Louis, Mo

17. (a) Burial (b) Date thereof 1-9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

C. HOPFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director 6464 Chippewa, St. Louis, Mo

(b) Address J. F. Brueck

19. (a) JAN 8 1946 (b) J. F. Brueck  
(Date of local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 5  
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from JAN 1, 1946, to JAN 5, 1946  
that I last saw her alive on JAN 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS Duration 1 day

Due to CORONARY THROMBOSIS

Due to.....

Other conditions JH  
(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) (c) Means of injury.....

23. Signature Owen J. McNamee (M. D. or other) M.D.  
Address 7606 W. ... Date signed JAN 9

(Licensed Embalmer's Statement on Reverse Side) OWEN J. MCNAMEE

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

MOTHER FATHER

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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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 S. Broadway*

**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.**