. No. 2
I—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2821

52340

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 629

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 667

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital-Max C. Starkloff Memorial
(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 Mo (b) County 0-00

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

(d) Street No. 3217 N Newstead Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME THOMAS MAHER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased June 13, 1893. (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Emmerson Electric Co

FATHER
12. Name Thomas Maher
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann McGrath
15. Birthplace Washington D.C. (City, town, or county) (State or foreign country)

16. (a) Informant Maud Edgefield
(b) Address 6313 Margaretta Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director J. Dunn
(b) Address 1384 Union Mo

19. (a) JAN 21 1946 (Date received local registrar) (b) J. F. Brenek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th year 1946 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from 1/5/46, 19, to 1/20/46, 19; that I last saw him alive on 1/20/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Primary Bronchiogenic carcinoma of the right lung

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature K. D. Gregory 1515 Lafayette 1/21/46 (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 13917

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.