

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:
5235 Maffitt 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 Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5235 Maffitt Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary C. Ratigan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
 year 1946 hour 9 minute 30 P. M.

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 Jan. 3, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1943 to Jan 29, 1946
 that I last saw her alive on Jan 29, 1946
 and that death occurred on the date and hour stated above.

AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>26</u>	hr. _____ min.

Immediate cause of death:
Chronic myocarditis
arteriosclerosis
chronic arthritis

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation At Home

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Daniel Ratigan
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Doble
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose McGrath
 (b) Address 5235 Maffitt Ave.

17. (a) Burial (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd

19. (a) JAN 30 1946 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

23. Signature W. S. [unclear] (M. D. or other)
 Address 209 N. [unclear] Date signed 3-30-46

3004 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.