

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4096**

FILED JAN 21 1946

Registration District No. **317** Primary Registration District No. **6076** Registrar's No. **80**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6332 Suburban Ave.
(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 St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6332 Suburban Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret O'Day

3. (b) If veteran, name war No 3. (c) Social Security None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest O'Day 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 23, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Mullane

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

14. Maiden name Bridget Walsh

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

16. (a) Informant Ernest J. O'Day

(b) Address 6332 Suburban Ave.

17. (a) Burial (b) Date thereof Jan. 12/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 1-11-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1946 hour 8.05 minute A.M. M.

21. I hereby certify that I attended the deceased from 1940
_____, 19____ to 1-9, 19____
that I last saw her alive on 1-9, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration _____

Due to 61

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operation none
Of autopsy none
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] M. D. or other 1/10/46
Address 6332 Suburban Ave. Date signed 1-10-46

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

2157

FEB 27 1946

Dr. Pierce J. Reilly,
6125 Bartmer Ave.,

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 *Alfred J. Boedeker*
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.