

FILED APR 1 1946

State File No. 2

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 724

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Hospital (1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
52 Years (Specify whether
 In this community years, months or days)

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. 2757 Russell Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME D'ARCY, Timothy B.
 (b) If veteran, name war World I
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23
 year 1946 hour 7:55 minute P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mary D'Arcy
 (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased September 22 1893
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/23/46, 1946, to 3/23/46, 1946;
 that I last saw him in alive on March 23, 1946,
 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 6 Days 1
 If less than one day hr. _____ min. _____

Immediate cause of death CEREBRAL HEMORRHAGE
 Duration UNK

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

Due to _____
 Due to _____

10. Usual occupation Guard

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

11. Industry or business _____

Major findings: No Operation
 Of operations _____

12. Name Martin D'Arcy

Of autopsy No Autopsy

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

14. Maiden name Nora Flannery

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

16. (a) Informant: Clinical Clerk Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 3-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director L. E. Stilwell

(b) Address 3840 Lindey Blvd.

19. (a) 3/27/46 (b) L. E. Stilwell
 (Date received from registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? Yes (Specify type of place) _____
 _____ of injury _____

23. Signature L. E. STILWELL, M.D. (M. D. or other) _____

Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 3/25.46

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 Hindell*

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.