

FILED APR 18 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3368

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:
1907 Cora 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

3. (a) PRINT FULL NAME Robert P. Lonergan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male Color or race white

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

6. (b) Name of husband or wife Emma C. Lonergan

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

7. Birth date of deceased Sept. 20 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91	6	21	_____ hr. _____ min.
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9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired

12. Name Patrick Lonergan

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

14. Maiden name Ellen Driscoll

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

16. (a) Informant Ethel Lonergan

(b) Address 1907 Cora Ave.

17. (a) Burial (b) Date thereof 4-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 12 1946 (b) J. J. Broneck
(Date received local registrar) (Registrar's signature)

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. 1907 Cora Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11
year 1946 hour 5 minute 30P M.

21. I hereby certify that I attended the deceased from April 7 to April 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature H. J. Mullins (M. D. or _____)
Address 3825 7th St Date signed 4/12/46

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

13853

MOTOR

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..... *Albert R. Thompson Jr*
.....
Licensed Embalmer No. *4337*
P. O. Address..... *St. Louis*

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.