

FILED JUL 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1522

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halls Ferry Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
In this community 2 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Claytonig Terrace.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Carey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 July 14 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name John Carey

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

14. Maiden name Mary Haley
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Catherine Kilroy

(b) Address 1101 Claytonia Terrace

17. (a) Burial (b) Date thereof July 18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) 7-19-46 (b) E. M. Hancock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16
year 1946 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from 7-1-1946 to 7-16-1946

that I last saw him alive on 7-15-1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute Cardiac Dilatation
Hypertension Malignant

Due to Arteriosclerosis General

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) None

(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 Nicholas Vitalone M. D. or other MD

Address 3861 S. D. Ave. Date signed 7/17/46

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

MOTHER FATHER

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 W. W. Wilkins
Licensed Embalmer No. 3575
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.