

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25555

State File No.

FILED AUG 9 1946

Registration District No. Primary Registration District No. **1003** Registrar's No. **6662**

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4353 FOREST PARK 1
(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 000

(c) City or town ST. LOUIS 197
(If outside city or town limits, write "RURAL")

(d) Street No. 4353 FOREST PARK 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MULLARKY, MARY FERGUSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 1215 minute P M.

21. I hereby certify that I attended the deceased from July 1 - 1946 to July 28 - 1946
that I last saw him or alive on July 28 - 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife DANIEL 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year)

7. Birth date of deceased Aug 10 1869
(Month) (Day) (Year)

Immediate cause of death Chronic osteoarthrits (Arthritis Deformans) Duration 17 yrs

Due to Chronic Myocarditis with Coraice Hypertrophy 1 yr

Due to _____

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

7.6	11	18	hr. _____ min. _____
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Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name THOMAS FERGUSON 4

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

14. Maiden name EILEEN McNAEE 4

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

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? _____

16. (a) Informant Mrs Andrew S. Garrett

(b) Address 4353 Forest Park

17. (a) BURIAL (b) Date thereof July 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHARY

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other) _____

Address 4340 N. Pine Bl Date signed 7/29/46

18. (a) Signature of funeral director G. J. Bredbeck

(b) Address 4386 Lindell

19. (a) JUL 30 1946 (Date of local registration) _____ (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

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.....

James G. Gammess

Licensed Embalmer No.....

4142

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.