

FILED JAN 7 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 414

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME MARY A. CURRAN

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single (I)

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Clerical Work for Missouri Pac., R. R.

11. Industry or business \_\_\_\_\_

12. Name (Not obtained).

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name (Not obtained.)

15. Birthplace Nashville Tenn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 11-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address St. Louis, Missouri

19. (a) 1-2-47 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5321 Savoy Court  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14  
year 1946 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
Oct. 28, 1946 19\_\_\_\_ to Nov. 14, 1946 19\_\_\_\_

that I last saw her alive on Nov. 14, 1946 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Myocarditis

Due to Intermyocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_ 938

Of autopsy \_\_\_\_\_

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 George W. Reers (M: D. or other) 175

Address Farmington Mo Date signed 11-14-46

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

RECEIVED

District Health Officer No. 4

District File Number 147-10

Date Filed 1-4-47

RECEIVED  
8 MAR 1947

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. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.)

St. Louis, Mo.

If this body is not embalmed, fact should be so stated above.