

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

FILED JAN 7 1947
Registration District No. 317

Primary Registration District No. 6076

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:
Mother of God Council 6825 Nat'l Bldg
(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 St. Louis 96

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6825 Nat'l Bldg Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary D. Holmes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 2 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Grand

11. Industry or business _____

12. Name Thomas Dowling 4

13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mahoney

15. Birthplace Ireland 14
(City, town, or county) (State or foreign country)

16. (a) Informant Thos Dave

(b) Address 7028 2 Tulane Ave

17. (a) Calvary University City 17-31-46
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrison Michan

(b) Address 4415 Washington Bl.

19. (a) 1-4-47 (b) Arthur A. Leath
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1946 hour 3: minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec-29th
1946 to Dec-23rd 19 46

that I last saw her alive on Dec-23rd 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated- Myo-
carditis - condition - Duration _____

Due to Sec: Hypertrophic Arthritis
All joints - Apoplexy- Cerebral-
left.

Other conditions Rt. Hemiplegia.
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations: _____

Died in The Home of The Incurables
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 Subj. Timm (M. D. or other) _____

Address 3734 - Jennins Rd. Date signed 12/30

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.....

J. Allen Davis Jr.
Licensed Embalmer No. 4053

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.