

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2194

State File No. _____

Registration District No. 316

Primary Registration District No. 6075-

Registrar's No. 14

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 1 mos. 22 das.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JANE FRANCES MEAGHER
3. (b) If veteran, name war No
3. (c) Social Security No. None

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 May 18, 1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 24
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 David N. Meagher

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

14. Maiden name Adelle Langan

15. Birthplace Collinsville, Illinois
(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 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem., St. Louis,

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

(b) Address 3840 Lindell Blvd., St. Louis, Mo

19. (a) 1-23-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1041 Goodfellow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1947 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from
Nov. 20, 1943, 19____, to Jan. 12, 1947, 19____;
that I last saw her alive on Jan. 12, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Corned Myocarditis
Duration 1 yr.

Due to _____
Due to _____

Other conditions Arteriosclerosis 3 yr.
(Include pregnancy within 3 months of death)

Major findings: 93
Of operations _____

Of autopsy No 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?
O. _____
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature James L. Loomis (M. D. or other)
Address Farmington, Mo Date signed 1/14/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 147-150
Date Filed 1-27-47

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.....

Stanley Marshall

Licensed Embalmer No.

P. O. Address.....

3808 Leudell

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.