

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7187

FILED MAR 14 1947

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 323

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 2 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7626 Immaculate Mt.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Josephine Courtney

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 widow
6. (b) Name of husband or wife John Courtney 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased: (Month) 3 (Day) 9 (Year) 79

8. AGE: Years 73 Months 11 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name William Carmody

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

14. Maiden name Margaret Carroll

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

16. (a) Informant Sister, Mrs. M.F. Enright

(b) Address 3919 9th Sullivan

17. (a) BURIAL (b) Date thereof 3-11-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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

(b) Address 3840 Lindell Blvd.

19. (a) 3-11-47 (b) Arthur J. Donnelly (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1947 hour 3:30 am minute _____ M.

21. I hereby certify that I attended the deceased from March 4th, 1947, to March 8th, 1947; that I last saw her alive on March 8th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____
+ Hypertensive c.v. disease

Due to 93d

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

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 0

23. Signature Wm. C. Citchler (M. D. or other) _____

Address 601 Brentwood Date signed 3/8/47

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

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.)

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