

FILED APR 14 1947
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Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3661

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3724 Cozens Ave.
(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 Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3724a Cozens Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Margaret Anastatia Geraghty

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 16 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Madison, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Thomas Geraghty

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

14. Maiden name Bridget Geraghty

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

16. (a) Informant Mrs. Ellen Gannon

(b) Address 3724a Cozens Ave.

17. (a) Burial (b) Date thereof 4-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) APR 7 1947 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 1946 to April 5 1947
that I last saw h. alive on April 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperensive heart disease

Due to _____

Due to _____

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

Duration 3 years

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury.

23. Signature Dr. J. J. Feller (M. D. or other) MD

Address 2807 N. Grand Date signed 4-7-47

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 *Fred Frick*

*Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.