

S. No. 2
1-12-45
7-5-17-39
V. I. X47070

FILED MAR 24 1947

1003

Registration District No. **318**

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4421 Marcus 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

3. (a) PRINT FULL NAME Bridget Maskell

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased March 5th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>0</u>	<u>0</u>	<u>0</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Coleman

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

14. Maiden name Mary Sweeney

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

16. (a) Informant Daughter Mary Buffalo

(b) Address 4421 Marcus ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/7/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave.

19. (a) MAR 6 1947 (Date received local registrar)

J. J. Bruesch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4421 Marcus ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1947 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

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 _____

23. Signature Patrick S. Taylor (M. D. or other)

Address Deputy Coroner Date signed 3-6-47

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 *Robert L. Brinkman*

Licensed Embalmer No. *3533*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 11259-47
Local Registrar's No. 2335

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for Bridget T. Maskell died 3-5-47, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Bridget T. Maskell

Instead of..... Bridget Maskell

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sullivan Phn Dir.
Relationship.

2849 uclid O. Lucille
Present Address.

Subscribed and sworn to before me this 17 day of Sept., 1951

My Commission expires 3-4-53 Carl Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

