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FILED JUL 12 1947
Registration District No. **318**

Primary Registration District No. **100**

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

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: ROUTE 6 ST. JOSEPH 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Nebraska (b) County: 999

(c) City or town: Omaha 25
(If outside city or town limits, write "RURAL")

(d) Street No.: 27th St. Marya Ave. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME: Sister Mary Mercy Cody

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: Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 24th 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>6</u>	_____hr. _____min.

9. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation: Religious

11. Industry or business _____

12. Name: Patrick J. Cody

13. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Hanley

15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Most. Rev. John P. Cody

(b) Address: 3810 Lindell Blvd.

17. (a) Removal (b) Date thereof: 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Omaha Nebraska

18. (a) Signature of funeral director: Arthur J. Samella

(b) Address: 3840 Lindell Blvd.

19. (a) JUL 1 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1947 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____:
that I last saw h. _____ alive on _____, 19____:
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Due to: Coronary thrombosis

Due to: _____

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

Major findings: _____
Of operations: _____

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? _____ (Specify type of place)

23. Signature: Thomas E. Taylor (M. D. or other) 3
Address: _____ Date signed: 7/1/47

Duration _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

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. *2868*

P. O. Address *3840 Lindell*

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.