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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25383

Primary Registration District No. 1003

Registrar's No. 7477

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:
5924A Lotus 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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5924A Lotus Ave., 4
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Simon L. Carmody

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Carmody

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov. 26, 1853.
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days ~~12~~ 11 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Edmond Carmody
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Nester
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Carmody
(b) Address 5924A Lotus Ave.,

17. (a) Burial (b) Date thereof Aug. 9/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director JOs. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) AUG 8 1947 (b) J. F. Biedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1947 hour 9.25 minute A.M. M.

21. I hereby certify that I attended the deceased from 8/5/47, 19 to 8/7, 1947
that I last saw him alive on 8/5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 6125 Easton Date signed 8/7/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.E.Evans,
6121 Easton Ave.,
G.O. 7775

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.