

**FILED SEP 23 1947**  
 Registration District No. **1918**

Primary Registration District No. **1003**

Registrar's No. **2684**

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

1. PLACE OF DEATH:  
 (a) County **St. Louis Mo**  
 (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 **H. O. H. De Sauty**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **60 years** (Specify whether  
 In this community **60 years**  
 years, months or days)

3. (a) PRINT FULL NAME **Sarah McVey**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced, or widow **widow**  
 6. (b) Name of husband or wife **Michael deceased**  
 6. (c) Age of husband or wife if alive **deceased**  
 7. Birth date of deceased **Feb. 10, 1865**  
 (Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **2**  
 If less than one day hr. min.

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

10. Usual occupation **housewife**

11. Industry or business **self**

12. Name **Martin Ahern**

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

14. Maiden name **Elizabeth Ahern**

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

16. (a) Informant **Mr. John McVey**

(b) Address **4041 De Sauty**

17. (a) **Burial** (b) Date thereof **Sept. 16 47**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **W. A. Howard**

(b) Address **1619 So. Grand**

19. (a) **SEP 15 1947** (b) **J. F. Bredack**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4041 De Sauty**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept** day **12**  
 year **1947** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 1**  
 to **Sept 12**, 19**47**,  
 that I last saw her alive on **Sept 18**, 19**47**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease**  
 Due to **arteriosclerosis**

Due to **cardiac failure**  
 Other conditions **cardiac failure**  
 (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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (c) \_\_\_\_\_ (d) \_\_\_\_\_  
 (e) \_\_\_\_\_ (f) \_\_\_\_\_

23. Signature **B. J. McVey** (M. D. or other)  
 Address **3608 D. Grand** Date signed **7-15-47**

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

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**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 Joseph A Howard

Licensed Embalmer No. 4139

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.**