

FILED FEB 23 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 1489

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:
4826 Maffitt 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 Margaret C. McNamara

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 Widowed

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

7. Birth date of deceased: August 28th 1877
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 5 14 hr. min.9. Birthplace: Ireland
(City, town, or county) (State or foreign country)10. Usual occupation: Housewife

11. Industry or business.....

12. Name: John Donnelly13. Birthplace: Ireland
(City, town, or county) (State or foreign country)14. Maiden name: Margaret Prendergast15. Birthplace: Ireland
(City, town, or county) (State or foreign country)16. (a) Informant: John McNamara(b) Address: 4826 Maffitt Ave.17. (a) Burial (b) Date thereof: 2/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Calvary Cemetery18. (a) Signature of funeral director: Sullivan Funeral Dir.(b) Address: 2649 North Euclid Ave.19. (a) FEB 13 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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") 17
- (d) Street No. 4826 Maffitt Ave.
(If rural, give location) 9
- (e) Citizen of foreign country?..... (Yes or No) 0
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 9 minute 30 AM21. I hereby certify that I attended the deceased from Feb 4, 1948 to Feb 12, 1948
that I last saw her alive on Feb 12, 1948
and that death occurred on the date and hour stated above. 15 min
DurationImmediate cause of death: Cancer, thrombosisDue to: Hypertension & Cerebro-renal disease

Due to.....

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

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (c) Means of injury.....

23. Signature: Arthur S. Sander (M. D. or other) M. D.Address: 2202 University St. Date signed: 2/13/48

S.

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. 3553
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.