

No. 2  
12-45  
17-39  
X47070

FILED MAY 7 1948

State File No.

Registration District No.

318

Primary Registration District No.

1000

Registrar's No.

3921

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:  
City Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 Day.  
(Specify whether years, months or days) 82 Yrs. 5 Mons. 28 Days.

3. (a) PRINT FULL NAME..... George Healey.

3. (b) If veteran, name war..... no  
3. (c) Social Security No..... no

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased..... 10 26 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 28 hr. min.

9. Birthplace..... St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... nil

11. Industry or business.....

MOTHER FATHER

12. Name..... Micael Healey

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

14. Maiden name..... unkno wn

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

16. (a) Informant..... Joseph Healey

(b) Address..... 2840a Pennselvania. Ave.

17. (a) Burial (b) Date thereof..... 4-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Goodhart & Goodhart

(b) Address..... 2228 St. Louis. Ave.

19. (a) APR 26 1948 (b) J. J. Borek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000  
(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3634 Clark 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 4 day 23rd  
year..... 1948 hour 2 minute 30p 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..... Fracture of right hip,  
Arteriosclerosis; when he fell while  
attempting to get out of bed at his  
home, on April 23rd, 1948, about  
Due to..... 3:30 A.M.

ACCIDENT

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)..... ACCIDENT

(b) Date of occurrence..... April 23, 1948

(c) Where did injury occur?..... St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home

While at work? no (Specify type of place) Means of injury..... see above

23. Signature..... Patrick E. Taylor (M.D. or other) Dep Cav 3

Address..... 1300 Clark Date signed..... 4-26-48

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

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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..... *Elmer H. Cadwell*.....

Licensed Embalmer No. *4077*.....

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.**