

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14190**
5516

FILED APR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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: **4272 Flora Pl. /**
(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..... **0000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **4272 Flora Pl.**
(If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes/ name country.....

3. (a) PRINT FULL NAME..... **CATHERINE C. HEMP**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. _____

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widow**
6. (b) Name of husband or wife..... **Late William H.**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **Jan. 22 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 19 hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Patrick Mahony**

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

14. Maiden name..... **Mary Ring**

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

16. (a) Informant..... **Mrs. E. A. Stranquist**

(b) Address..... **4272 Flora Pl.**

17. (a) Burial, cremation, or removal..... **Burial** (b) Date thereof..... **4-14-48**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**

(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) Date received local registrar..... **APR 12 1948** (b) Registrar's signature..... **J. J. Branch**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **11**
year..... **1948** hour..... **2:30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **3-21-48** to **4-11-48**
that I last saw her alive on **4-11-48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Thrombosis** Duration **3 wks**

Due to..... **Atherosclerosis**

Due to.....

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

Major findings: Of operations..... **None**

Of autopsies.....

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.....

23. Signature..... **R. V. Purcell** (M. D. or other) **0**

Address..... **3720 Washington** Date signed..... **4-12-48**

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

MOTHER FATHER

3110 Washington

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

Edwin M. Bennett
Licensed Embalmer No. *3024*

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.