

FILED AUG 23 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **7047**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5951 Julian
(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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5951 Julian Ave. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Gilfoyle
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 10
year 1948 hour 6 minute a M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced W. 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 14. 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 3
1948 to August 10 1948
that I last saw her alive on August 3 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Embolism Duration 3 yrs

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Housework

Due to _____
Due to _____
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Dugan 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Kennedy
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Agnes R. Gilfoyle
(b) Address 5951 Julian Ave.
17. (a) Burial (b) Date thereof Aug. 12. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of Registrar Benjamin Richards
(b) Address 1437 Union Blvd.
19. (a) AUG 11 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H. B. Roof (M. D. or other) DO
Address St. Louis, Mo. Date signed 8-10-48

Roof

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

08
47
39
906

Newell
29115

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 *Frederick Newell*

Licensed Embalmer No. *29115*

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.