

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27970
Registrar's No. 7199

FILED AUG 28 1948

Registration District No. 1918

Primary Registration District No.

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

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:
Little Sisters of the Poor 3400 S. Grand Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Yrs.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN MC ANARNEY

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

4. Sex Male 6 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 May 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 24 hr. min.

9. Birthplace Montgomery County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Arthur McAnarney
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Bridget Langton
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Sister Henry
(b) Address 3400 So. Grand Blvd.
17. (a) Burial (b) Date thereof 8/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) AUG 16 1948 (b) J. A. Bieduch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd, (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 4 to Aug. 16, 1948
that I last saw him alive on Aug. 16 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Carotid thrombosis
Due to Gen. arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations _____
Of autopsy _____

Duration
2 wks.
yes.
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) _____
(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. A. Meyers (M. D. or _____)
Address 539 N. Grand Date signed 8/16/48

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Laron C. Percy
Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.