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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27999

State File No.

7069

FILED AUG 23 1948
318

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dod
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 8224 Frederick St. (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Andrew Maher

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1948 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from 8-1-48
_____, 19____, to 8-10-48 19____;

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

that I last saw him alive on 8-10-48, 19____; and that death occurred on the date and hour stated above.

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

Immediate cause of death
Appendicitis, ruptured with general peritonitis.

7. Birth date of deceased April 21, 1874
(Month) (Day) (Year)

Due to _____

8. AGE: Years Months Days If less than one day
74 3 20 hr. min.

Due to 1-2-48

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Plumber

PHYSICIAN

11. Industry or business _____

Major findings:
Of operations Perforated appendix & generalized peritonitis
Of autopsy Fibrous adhesions in peritoneal cavity, @ heart, lungs, kidneys & diaphragm

12. Name Thomas Maher

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

14. Maiden name Bridget Smith

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

16. (a) Informant William A. Maher

(b) Address 8224 Frederick St.

17. (a) Burial (b) Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) AUG 12 1948 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James Y. Gigg, M.D. (M. D. or other)
Address 1515 Lafayette Avenue Date signed 8-1-48

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Glen W. Hart*

Licensed Embalmer No. *3737*

P. O. Address *2161 E. Fair*

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.