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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38142
9782
Registrar's No.

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4919a Wise Ave. Memorial 4
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME AGNES GAYNOR

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 Single

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

7. Birth date of deceased FEB 8 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired 15 Yrs.

11. Industry or business Rice-Stix Dry Goods Co.

12. Name Terance Gaynor

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

14. Maiden name Mary Kaherer

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

16. (a) Informant George Wall

(b) Address 3314a Arsenal St.

17. (a) Burial (b) Date thereof 11-11-48 (Burial, cremation, or removal) (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) NOV 10 1948 (b) J. B. L... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th year 1948 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from 10/18/48 Nov. 9th 19 48 that I last saw her alive on Nov. 9th 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis Left Middle Cerebral Artery

Due to Arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Some

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?

While at work? (Specify type of place)

Signature W. M. L... M. P.

23. Signature 1515 Lafayette 11/10/48 (Date signed)

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.....

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

Signed William B White

Licensed Embalmer No. 4261

P. O. Address 4328 So. Kings Highway

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.