

FILED NOV 24 1948

318

Primary Registration District No. **1003**

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:  
**4808 Cupples Place**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4808 Cupples Place**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Mary H. Hastings**  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

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

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

7. Birth date of deceased **Dec. 8th. 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 10 28** hr. min.

9. Birthplace **New Jersey** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **John Clancy**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. W.J. Walsh**

(b) Address **4808 Cupples Place**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/8/48** (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Sullivan Funer al Dir.**

(b) Address **2849 North Euclid Ave.**

19. (a) **NOV 24 1948** (Date received local registrar) (b) **J. B. Koster** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6th.** year **1948** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 14th 1948** to **Nov 6th 1948**

that I last saw her alive on **Nov 5th 1948** and that death occurred on the date and hour stated above.

Immediate cause of death

*Myocarditis fibrosa  
Chronic  
Arteriosclerosis 3 yrs*

Due to **75**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....  
Of autopsy.....

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) (Country) (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 **Dr. George B. Bailey** D. or other.....  
Address **525 N. Bridge** Date signed **11/6/48**

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

MOTHER FATHER

Dr. George Godfrey  
525I Natural Bridge  
EV. 2980

0171

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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

*Robert M. Murray*

Licensed Embalmer No.

*3749*

P. O. Address

*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.**