

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2324 Bristow Ave.
(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 Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 Bristow Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1948 hour 9.20 minute P.M.
21. I hereby certify that I attended the deceased from 11-2-48
11-2-48 to 11-14-48
that I last saw h. or alive on 11-13-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myocardial infarction
Due to Cardio - Vasculer
Renal Disease
Due to 131 At
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

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) _____ (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 L. W. J. [unclear] (M.D. or other)
Address 8105 [unclear] Blvd Date signed 11-15-48

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ? Mulligan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28, 1874.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 17 hr. min.

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____
12. Name ? Flaherty
13. Birthplace New Jersey
(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 George Heisohn
(b) Address 5707A Westminster PL.
17. (a) Burial (b) Date thereof Nov. 17/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hosiamont Ave.
19. (a) 11-16-48 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

Dr. Leo Reilly
8105 A Page Blvd.,
5-6 P.M. WI. 1081.

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, ~~only~~ Me

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

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.