

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42794

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 3026

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Millston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7212 Page Blvd.
(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 Missouri (b) County St. Louis 96

(c) City or town Millston
(If outside city or town limits, write "RURAL")

(d) Street No. 7212 Page Blvd. a
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Carten

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1948 hour 11:15 minute _____ P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: February 22, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1946 to Dec 31, 1948;
that I last saw her alive on 12-31, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 10 9 hr. _____ min. _____

Immediate cause of death: Acute myo Carditis 3 days

Due to Cardio Vasculare

Due to Renal Disease 2 yrs

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation: At Home

Other conditions: _____ (Include pregnancy within 8 months of death)

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11. Industry or business _____

12. Name Patrick Laffey

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

14. Maiden name Catherine Devaney

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

Major findings: _____

Of operations: C. 4/11/51

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Genevieve McMahon

(b) Address 6811 Melrose

17. (a) Burial (b) Date thereof 1-4-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of Informant Genevieve McMahon

(b) Address 1225 Union Blvd

19. (a) 1-3-49 (b) Genevieve McMahon
(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? _____

(Specify type of place)

While at work? _____ (c) Means of injury ind. use

23. Signature Lawrence J. [unclear] (M. D. or other) _____

Address 8102 [unclear] Date signed 1-3-49

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

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..... *Albert G. Kopper*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.