

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2703

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 440

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION 2313 Sidney St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 2313 Sidney St.

3. NAME OF DECEASED

a. (First) Thomas b. (Middle) I. c. (Last) Gerrity

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 49

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 30, 1882 9. AGE (In years last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (State or foreign country) Centralia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Gerrity 13b. MOTHER'S MAIDEN NAME Mary Burke 14. NAME OF HUSBAND OR WIFE Clara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Gerrity--2313 Sidney St.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Parasit*

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) _____

23b. ADDRESS 3606 Travis

23c. DATE SIGNED 1/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/17/49

24c. NAME OF CEMETERY OR CREMATORY St. Bridgets Cemetery

24d. LOCATION (City, town, or county) Pacific, Missouri (State) _____

DATE REC'D BY LOCAL REG. JAN 17 1949

REGISTRAR'S SIGNATURE *J. B. Sroater*

25. FUNERAL DIRECTOR'S SIGNATURE *Wacker-Welder* ADDRESS 3634 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

23

023

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 2128

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.