

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28878

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

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 1991

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS, MO	
c. LENGTH OF STAY (in this place) 11 MO		d. STREET ADDRESS (If rural, give location) 7503 HARTER AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME		4. DATE OF DEATH (Month) (Day) (Year) AUG-16-1949	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CLAY c. (Last) IRISH		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
8. DATE OF BIRTH APRIL-22-1869		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR PUBLIC SCHOOL GROUNDS		10b. KIND OF BUSINESS OR INDUSTRY ST LOUIS DUSTRY	
11. BIRTHPLACE (State or foreign country) ROCK CO. WISCONSIN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENJAMIN IRISH		13b. MOTHER'S MAIDEN NAME WOOD	
14. NAME OF HUSBAND OR WIFE MARGARET IRISH		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 MRS M. NORVIL ADDRESS HARTER AVE RICHMOND HEIGHTS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 14, 1948 , to Aug 11, 1949 , that I last saw the deceased alive on Aug 15, 1949 , and that death occurred at 5 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE A. L. Mullin, M.D. (Degree or title)		23b. ADDRESS 3507 Potomac	
23c. DATE SIGNED 8-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG-18-1949	
24c. NAME OF CEMETERY OR CREMATORY JANESVILLE WIS. CEMETERY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-17-49		REGISTRAR'S SIGNATURE Headmaster R. Parker	
25. FUNERAL DIRECTOR'S SIGNATURE Edmund Parker Undertaking Co		ADDRESS 66 Aldrich	

RH-49

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Wester Grove* _____

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.