

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

27608
Do not use this space.

REC'D SEP 12 1938

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**

(b) Township St. Louis Mo Primary Registration District No. **1008**

(c) City St. Louis Mo (d) Street No. McPaul Hospital Registered No. **7622**
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES Mc NAMARA 785

(a) Residence, No. 4826 MAYHILL AVE St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARGARET DONNELLY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>		<u>1</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Railway Clerk

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

FATHER

13. NAME Wm Mc NAMARA 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER

15. MAIDEN NAME Mary Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Margaret Mc Namara
(ADDRESS) 4826 MAYHILL AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 8-29-38

19. FUNERAL DIRECTOR Sullivan
(ADDRESS) 2849 No Euclid Ave

20. FILED AUG 27 1938 J. D. Buehler
(City) (Date) (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938 to Aug 26, 1938

I last saw him alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:
Broncho pneumonia

Date of onset _____

Other contributory causes of importance:
Cerebral Arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) Arthur D. Carr, M. D.
(Address) 3720 Washington

ALL CASES
BY THE BOARD FOR
SEP 1957

STATEMENT BY LICENSED EMBALMER

I Eugene A Sullivan, Licensed Embalmer No. 2930
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Eugene A Sullivan
Licensed Embalmer No. 2930

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.)