DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37242
Do not use this space.

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.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9569
(c) City St. Louis (d) Street No. St. Anthonys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 254 Anna Mc. Nally,
(a) Residence, No. 3104a N. Sarah St. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Lawrence Mc. Nally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1871

7. AGE: YEARS 67 | MONTHS 2 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) St. Louis Mo. 0

FATHER
13. NAME William Kavanaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

MOTHER
15. MAIDEN NAME Bridget Laughlin,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Mrs. John P. Coakley, 3016 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Nov. 4, 1938, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd.

20. FILED NOV 3 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1938, to 11/2, 1938
I last saw her alive on 11-1-1938. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 10/29/38

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? no

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) E. D. Edwards, M. D.
(Address) 4030 Chouteau Av

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.