DEC 12 1938

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

37747
Do not use this space.

791

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1003

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 10074

or

(c) City St. Louis (d) Street No. 5828 Page Blvd 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine T Furlong

(a) Residence, No. 5828 Page Blvd St. 5

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph J

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/29/1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	8	21	

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) Boston Mass

FATHER

13. NAME Patrick Cushin

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

MOTHER

15. MAIDEN NAME Mary Fennessy

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

17. INFORMANT Frank E Furlong
(ADDRESS) 5828 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE 11/23/38 19

19. FUNERAL DIRECTOR (NAME) Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd

20. FILED ..... 19 ..... J J Bredeck Local Registrar.
NOV 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/ 20/38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 19 38 to Nov 20 19 38

I last saw h. alive on Nov 19 19 38 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Chronic Myocarditis — Date of onset 6-1-34

Other contributory causes of importance: Fracture of left femur — Oct 30 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 30, 19 38

Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Slipped off side of bed

Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) R. D. Furlong, M. D.

(Address) 5648 Delmar

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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.

Dr Anderson
5669 Dillman
11-1 Pm

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Wash. B

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

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