

MAR 13 1939

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

4782
Do not use this space.
1475

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 1475
(c) City ST. LOUIS (d) Street No. 5660 KINGSBURY St. 5
(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 MAGGIE COLFER

(a) Residence, No. 5660 KINGSBURY St. 5 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 3, 1860

7. AGE YEARS 78 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) JAN. 17 1939 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

13. NAME ANDREW COLFER

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

15. MAIDEN NAME CATHERINE FLYNN

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

17. INFORMANT (NAME) ELLA COLFER (ADDRESS) 5660 KINGSBURY

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 2-14-39

19. FUNERAL DIRECTOR (NAME) CULLEN-KELLY (ADDRESS) 1416 N. TAYLOR

20. FEB 15 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1888, to Feb 12, 1939
I last saw her alive on Feb 12, 1939 Death is said to have occurred on the date stated above, at 12:40 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy Date of onset 2-9-39

Other contributory causes of importance: Myocarditis Cholesterol

Name of operation none Date of none
What test confirmed diagnosis? autopsy 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 J.R. Vaughan, M.D.
(Signed) J.R. Vaughan, M.D.
(Address) 634 No Grand

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.

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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 *Mark Tiernon*

Registered Apprentice No. *174*....., working under my personal supervision.

Signed *Clement McNearf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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, above space should be left blank.