REC'D MAY 10 1939

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

791

12923
Do not use this space.

3265

1. PLACE OF DEATH

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

(b) Township ..... 2 Primary Registration District No. ..... Registered No. .....

(c) or City St. Louis. 1 (d) Street No. 5549 Pershing Ave. 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.

630

2. PRINT FULL NAME Mary Ellen Garrity.

(a) Residence, No. 5549 Pershing Ave. 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	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	1	19	

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) Montana 1

FATHER

13. NAME James Garrity. 5

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

MOTHER

15. MAIDEN NAME Rose Riley.

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

17. INFORMANT (ADDRESS) Mr. Edward E. Guion. 5549 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4-8-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED APR 7 1939 19 J. F. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1939, to 4-5, 1939

I last saw her alive on 4-5, 1939. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Ruptured Gastric Ulcer — Date of onset 4-4-39

Other contributory causes of importance:
Chr. Myocarditis
Gen. Arteriosclerosis

Name of operation No. Date of .....

What test confirmed diagnosis? Usual 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) [signature], M. D.

(Address) 607 N. Grand.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.