

REC'D JUL 12 1938 **791**  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **5505**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
2306a S. 9th St. **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **123**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2306a S. 9th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Ford

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 5 25 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Peter Egan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Conella

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Ford

(b) Address 2306a S. 9th St.

17. (a) Burial (b) Date thereof 6/22/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2331 S. Broadway

19. (a) JUN 21 1939 (b) Joe Brudick  
(Date when local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19  
year 1939 hour 5 minute 45 p. a. M.

21. I hereby certify that I attended the deceased from Jan 1st  
\_\_\_\_\_ 1939 to June 19 1939;  
that I last saw her alive on June 19 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Arterio Sclerosis

Due to Senility

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death) unknown

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Jones (M. D. number) 1

Address 1100 So. Broadway Date signed 6/20/39

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—NEVER USE ERASERS—NEVER WRITE IN MARGINS

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.....

*Robert Wheeler*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Wheeler*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St. Louis, Mo.*

**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.**