

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

SEP 14 1939 **791**  
Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. John's Hospital  
(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  
(If outside city or town limits, write "RURAL") **12**  
(d) Street No. 5592 Waterman Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Patrick Concannon, 535

3. (b) If veteran, name war No 3. (c) Social Security No. 493-10-7533

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 2 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Superintendent Public Service Co.

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

12. Name John Concannon

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

14. Maiden name Dont Know  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Geo Concannon  
(b) Address 5592 Waterman Ave  
Burial (c) Date thereof Aug. 18 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
Cullinane Brothers

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1710 N. Grand Blvd.

19. (a) AUG 17 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1939 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from Sept 1935 to Aug 16 1939  
that I last saw him alive on Aug 15 1939  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_

Immediate cause of death Hypertensive Cordis  
Myocardial Necrosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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) Manner of injury \_\_\_\_\_

23. Signature Geo J. King (M. D. or other) \_\_\_\_\_  
Address 304 W. ... Date signed 8-17-39

**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 comply with the above constitutes grounds for revocation of license.)

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