

Registration District No. **791** **1003** Primary Registration District No. **3**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5037 Wells Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Nielan.** **450**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

8. (b) Name of husband or wife \_\_\_\_\_ 8. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dont Know.** **1885.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54** **Dont Know.** hr. min.

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

10. Usual occupation **Retired per.**

11. Industry or business **5**

12. Name **Patrick Nielan.** **5**

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

14. Maiden name **Mary Morris.** **5**  
15. Birthplace **Ireland.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Turney**

(b) Address **5350 Wabasha Ave**

17. (a) **Burial** (b) Date thereof **10-23-39/**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Dermally**

(b) Address **3840 Lindell Blvd**

19. (a) **OCT 22 1939** (b) **J. F. Breda**  
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **6**  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5242 Terry Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20th.**  
year **1939** hour **11** minute **30** P. M.

21. I hereby certify that I attended the deceased from **1939** to **Oct 21, 1939;**  
that I last saw him alive on **Oct. 20, 1939;**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** Duration **1 day**  
Due to **Hypertension (by history)** **5 yrs**  
**Thromb. my vessels** **5 yrs**  
Due to \_\_\_\_\_

Other conditions **930**  
(Include pregnancy within 3 months of death)

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

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

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) Means of injury \_\_\_\_\_

23. Signature **A. Macko** (M. D. or other) **MD**  
Address **1206 Academy** Date signed **10/21/39**

1346  
2-5-  
J

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

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