

JAN 12 1940
Registration District No.

791

Primary Registration District No.

Registrar's No. 11205

1. PLACE OF DEATH: 1003 2

(a) County _____

(b) City or town 3528 Page Blvd. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3528 Page Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME BRIDGET M. GALLAGHER 426

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

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

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

7. Birth date of deceased Oct 17 17 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business do

12. Name Cornelius E. Cahly 3

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

14. Maiden name Jane Cox

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

16. (a) Informant's own signature John Gallagher

(b) Address 3528 Page Blvd.

17. (a) Removal (b) Date thereof Dec 21-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Missions

18. (a) Signature of funeral director John P. Collins Pres

(b) Address 928 W. Grand Blvd

19. (a) DEC 20 1939 (b) J. D. Baskin
(Date signed) (Signature)

20. DATE OF DEATH: Month Dec day 29
year 1939 hour 8:55 a.m. minute 55 M.

21. I hereby certify that I attended the deceased from Dec 28, 1939, to Dec 29, 1939;
that I last saw her alive on Dec 29, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
(apoplexy) Arteriosclerosis 1 day
Due to _____ 10 yrs
Due to _____ 15 yrs

Other conditions Pernicious anemia
(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) Means of injury _____

23. Signature J. C. Creane (M. D. or other) _____
Address 2504 N. 14th St Date signed 11-29-39

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 *J. G. Sullivan*.....

Licensed Embalmer No. *1122*.....

P. O. Address.....

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.