DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 803

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 803

1. PLACE OF DEATH: FILED FEB 17 1940 3

(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: Enroute City Hospt. No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About four months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") NR

(d) Street No. West Lake Hotel (If rural, give location)

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

3. (a) PRINT FULL NAME James Geraghty

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

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

6. (b) Name of husband or wife Mary J. Geraghty 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 9, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Loyal Order of Moose

FATHER
12. Name Michael Geraghty
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Joseph Geraghty

(b) Address 3104 Garfield Dr. Rockford, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Rockford, Ill.

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

19. (a) 1-26-40 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

No attending physician

20. DATE OF DEATH: Month January day 24th year 1940 hour 8 minute 03 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurism of Ascending Aorta; Contrib: Chronic Interstitial Myocarditis & Nephritis. Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)

Address Deputy Coron Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 Charles J. Goodhart

Licensed Embalmer No. 2777

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.