

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.

Registration District No. 789 Primary Registration District No. 202

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:
Mt. St. Rose Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME RICHARD J. McEVOY 211
 3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 489-07-1305

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maida 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased January 8, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 14 If less than one day
hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Truck Driver

11. Industry or business _____
 12. Name James McEvoy
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Anne O'Neill
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maida McEvoy
 (b) Address 3952 Itaska
 17. (a) Burial (b) Date thereof 2/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
 (b) Address 4016 Chippewa St.
 19. (a) FEB 19 1940 (b) TR Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3952 Itaska Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
 year 1940 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 16, 1940 to Feb 17, 1940
 that I last saw him alive on Feb 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Foo abs bilob Pulm lobe Pneumococcal Pneumonia
 Duration _____

Due to _____
 Due to _____

Other conditions 73
(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) N.O.
 (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)
(a) Means of injury

23. Signature Bernard E. Bauman (M. D. or other) _____
 Address 9101 So Broadway Date signed 2-19-40

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 *Ernest W. Spillers*

Licensed Embalmer No. *14080*

P. O. Address *3528 Russell*

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.