

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.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 440

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of the Incurables,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/28/39 until death
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Mary A. Coady

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 widowed

6. (b) Name of husband or wife Michael Coady

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

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

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name don't know

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name don't know

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edmund Davis

(b) Address 4060 Page Avenue

17. (a) burial (b) Date thereof 3/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Finan

(b) Address 1519 S. Grand

19. (a) Miss 2 - 1940 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3833 Pine Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 3:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from 12/28/39
_____ 19____, to 2/29/40, 19____;
that I last saw her alive on 2/29/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal disease-Chr. Hypertension
Gen. Arterio Sclerosis - senile dementia
Secondary: Uremia-Uremic Coma
Due to Cardiac Congestion
Cardiac Dilatation pul. Congestion - all senile type

Duration ??

Due to _____

Other conditions 131
(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 [Signature] (M. D. or other) _____

Address 5718 Jennings Rd. Date signed 3/1/40

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 *Thomas J. [Signature]*

Licensed Embalmer No. *1197*

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.