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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8611

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2094

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4605a Greer Ave. 2
(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:

(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits write "RURAL")
(d) Street No. 4605a Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clara E. Meagher.
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 Widowed
6. (b) Name of husband or wife Thomas Meagher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 2 (Day) 1864 (Year)

8. AGE: Years 75 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Frank Krockman
13. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Agnes Hackinger
15. Birthplace Cincinatti (City, town, or county) Ohio (State or foreign country)
16. (a) Informant John Meagher
(b) Address 4605a Greer Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) -4 (Day) -40 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) MAR 1 1940 (Date received local registrar) (b) J. F. Bulleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1940 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from Dec. 6, 1939, to Feb 29, 1940, that I last saw her alive on Feb 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	-?
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 John G. McInerney (M. D. or other) MD
Address 4701a St Louis Av Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, MO

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.