

FILED SEP 25 1940 791

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6847

1. PLACE OF DEATH:

(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: St. Louis City Hospital 3  
(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 60 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2723 Rutger St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME Anna Oates 320  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife John J.  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased May 14, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 28 ..... hr. .... min.

9. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Bridget Devaney  
15. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin M. Oates  
(b) Address 2636a Oregon Ave

17. (a) Burial (b) Date thereof 8/14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director B. M. McLaughlin  
(b) Address 2301 Lafayette Ave

19. (a) AUG 12 1940 (b) J. F. Brodeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1940 hour 10 minute 40 A.M.

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

Immediate cause of death .....  
Asphyxiation  
Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 6 months of death)  
Esophagus  
Major findings:  
Of operations .....  
Of autopsy 46  
Duration .....  
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 5  
23. Signature Joseph M. Quinn (M. D. or other)  
Address 1000 Putney Road Date signed .....

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

**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.....

*Paul A. Keeth*

Licensed Embalmer No. ....

*3612*

P. O. Address.....

*2317 Lafayette*

**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, fact should be so stated above.**