No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 589

Registration District No. 791 — 1 — FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 589

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 7510 Minnesota Ave. (If not in hospital or institution, write street number or location) 1

(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 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 117

(d) Street No. 7510 Minnesota Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret Minoughan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
abt.	58			hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER
12. Name Anthony Minoughan
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Julia Monahan
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant William B. Minoughan
(b) Address 7510 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) JAN 20 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1941 hour 7 minute 0 p.M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941 to Jan. 17, 1941; that I last saw her alive on Jan. 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	3 days
La Grippe	wk
Due to Chronic myocarditis	yrs?
Due to Chr. valvular Heart dis.	yrs?
Other conditions (Include pregnancy within 3 months of death) Spastic paralysis Dextran	

Major findings:
Of operations 8 2:1
Of autopsy 8 1:0

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 0

23. Signature George A. Sullivan (M. D. or other) MD
Address 421 N Schermer Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

Geo. O'Sullivan
421 Scherm.

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.