

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
2212 Hebert St.
(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 100
(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")
2212 Hebert St.
(d) Street No. _____ (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1941 hour 6 minute 30 P.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 _____

Coronary Sclerosis
Atherosclerosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 1

Of autopsy _____

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)
(c) Means of injury 3

23. Signature Thomas Halloran (M. D. or other)
Address Deputy Coroner Date signed 1/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Dennis P. Meehan.
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mary Piskulic Meehan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 16 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business Street Dept. St. Louis

12. Name John Meehan

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Stack
Unknown Ireland
(City, town, or county) (State or foreign country)

15. Birthplace _____

16. (a) Informant Mary Meehan

(b) Address 2212 Hebert St.

17. (a) Burial (b) Date thereof 1 - 27 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director _____
(b) Address 1710 N. Grand Blvd.

19. (a) JAN 24 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

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.