

790 FEB 25 1941 791

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(c) Name of hospital or institution:
Alexian Bros.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Daniel A. Dee

3. (b) If veteran, name war. None 3. (c) Social Security No. 846-18-9647

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

6. (b) Name of husband or wife Nellie McGrath 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased. September 8 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>19</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name William Dee

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

14. Maiden name Ellen O'Brian

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

16. (a) Informant. William Dee
(b) Address 1021 Leona Ave

17. (a) Burial (b) Date thereof 2/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hadjiamont Ave.

19. (a) JAN 30 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City N.R. 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1021 Leona
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1934
June 1934 to Jan. 26 1941
that I last saw him alive on Jan. 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Cerebral softening

Duration
1 wk.
1 wk.

Due to Arterial fibrillation 3 yrs.

Due to Coronary sclerosis 5 yrs.

Other conditions Hypertension 7 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None
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) (c) Means of injury Q

23. Signature Ben S. Seubria (M. D. or other) MD
Address 3903 Olive St. Date signed 1/30/41

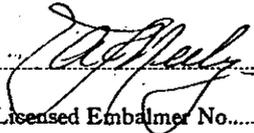
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No..... 3225

P. O. Address..... 1125 Hodiament Ave.

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.