

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4328
State File No. _____
Registrar's No. 55

REC FEB 14 1941

Registration District No. 784

Primary Registration District No. 111

96
3886
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

8. (a) PRINT FULL NAME Honor Fitzmaurice
8. (b) If veteran, name war _____
3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 29
hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Laffey

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

14. Maiden name Catherine Devaney

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

16. (a) Informant John Fitzmaurice

(b) Address 4964 Wabada Ave.

17. (a) Burial (b) Date thereof I - 10 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

19. (a) JAN 9 - 1941 (b) P. R. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4964 Wabada Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 7
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 25
1930 to Jan 7, 1941
that I last saw her alive on Jan 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Corng 4 day
Due to Diabetes Mellitus 10 year

Due to _____
Other conditions arterio Sclerosis 5 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 61
Of autopsy none
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) (e) Means of injury _____

While at work? _____
23. Signature John W. McDonald (M. D. or other) MD
Address 1539 N. Grand Date signed 1-8-41

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 *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.