

No. 2
-13-40
-17-39
X23159

FILED APR 21 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8812

State File No. _____

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2222

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-days
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0097
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Maury Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Katherin McNally
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8th., year 1941 hour 9 minute 15 P.M.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced W. I.
6. (b) Name of husband or wife Edward G. McNally
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 25th., 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7th, 1941, to March 8, 1941;
that I last saw him alive on March 8, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 0 13 hr. _____ min.

Immediate cause of death
Cerebral hemorrhage 2 days
Hypertension
Due to _____
Due to _____

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

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

11. Industry or business _____
12. Name John Daly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy yes g 2 b

16. (a) Informant Mrs. Egan Wiest
(b) Address 1905 Maury Ave.
17. (a) Burial (b) Date thereof 3-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur Donnell
(b) Address 3840 Lindell Blvd.
19. (a) MAR 10 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature Heruagu Mc. Gray (M. D. or other) M.D.
Address 508 N. Travis Date signed 3/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

0
17
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.