

No. 2
1-4-41
17-39
X26390

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9211
State File No. _____
Registrar's No. 2621

Registration District No. 791

Primary Registration District No. 1003

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:
325 N. Newstead Ave.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 325 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Geraghty

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. S.
6. (b) Name of husband or wife Francis X. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 30, 1871.
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Tim Manning
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen H. Unknown.
(City, town, or county) (State or foreign country)
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Morris

(b) Address 29 S. 86th., St. Belleville.

17. (a) Burial. (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindeil Blvd.

19. (a) MAR 24 1941 (b) J. T. Budney
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd.,
year 1941 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug. 1, 1924 to March 23, 1941
that I last saw her alive on Feb. 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Cardiac Decomposition

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
23. 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 J. T. Budney (M. D. or other) _____
Address 408 Humboldt Bldg. Date signed 3-24-41

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

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 Luedell Blvd

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.

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