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4-41  
7-39  
X28390

FILED AUG 28 1941  
Registration District No. 91

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4653 No. Market.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 005 17 9  
(c) City or town St. Louis  
(d) Street No. 4653 No. Market  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Abbie Cady  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3 year 1941 hour \_\_\_\_\_ minute 4 AM

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 Nov. 2, 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3 to July 3, 1941  
that I last saw her alive on July 3, 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral myeloiditis Duration \_\_\_\_\_

8. AGE: Years 74 Months 8 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to chronic interstitial nephritis  
Due to \_\_\_\_\_

9. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 131 1/2

11. Industry or business \_\_\_\_\_  
12. Name Daniel O'Keefe  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Bridget Grady  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy 2  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Mary B. Miller  
(b) Address 4653 No. Market.  
17. (a) Burial (b) Date thereof July 5, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Hiram Cemetery  
18. (a) Signature of funeral director Strook Carroll  
(b) Address 4600 Natural Bridge  
19. (a) JUL 3 1941 (b) J. W. Fredrich (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Martin J. Hester (M. D. or other) MD  
Address 506 Olive St. Date signed 7-3-41

**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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

**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.**