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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26448
Registrar's No. 226

ED AUG 7 1941
Registration District No. 45

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Washburn Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp No. 3 J
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 7 months 28 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3020 a Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U. S. A. 0 years.

3. (a) PRINT FULL NAME MARY COGHLAN

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased July 27 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 27 If less than one day - hr. - min.

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

10. Usual occupation Housework

11. Industry or business none

12. Name John Fahey
13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Maria Fahey
15. Birthplace unknown Glenbrook
(City, town, or county) (State or foreign country)

16. (a) Informant Records St Hosp No 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 7/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Mo

18. (a) Signature of funeral director Funeral Home
(b) Address Nevada, Mo

19. (a) 7/22/41 (b) Allen U. Hays
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 26, 1940, to July 24, 1941;
that I last saw her alive on July 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative myocarditis

Due to 938

Other conditions Psychic cerebral arteriosclerosis & Gen Arterio

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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
23. Signature Paul L. Barone (M. D. or other) M.D.
Address State Hosp No 3 Date signed July 24

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 7,

District File Number 8-41-6231

Date Filed 8-5-41

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 Lloyd R. Winneat

Licensed Embalmer No. 3857

P. O. Address Moada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.