

Registration District No. **784**

Primary Registration District No. **115**

Registrar's No. **2246**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **University City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Home 1**  
(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)

3. (a) PRINT FULL NAME **Margaret Durkin**

3. (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 **Thomas Durkin** 6. (c) Age of husband or wife if alive **20** years **1863**

7. Birth date of deceased **July 20 1863**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>78</b> | <b>3</b> | <b>15</b> | hr. min.             |

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Michael Eboy**

13. Birthplace **Unknown Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary ?** **Ireland**

15. Birthplace **Unknown Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John F. Hynes**

(b) Address **6759 Chamberlin Ave.**

17. (a) **Burial** (b) Date thereof **11-8-41**  
(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) **NOV 7 1941** (b) **C. G. Mc Laran**  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**  
(c) City or town **University City 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6759 Chamberlain Ave. 5**  
(If rural, give location)  
(e) Citizen of foreign country? **N** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5**  
year **1941** hour **6** minute **15** P. M.

21. I hereby certify that I attended the deceased from **9/1/34**  
\_\_\_\_\_, 19\_\_\_\_, to **11/5**, 19\_\_\_\_  
that I last saw **her** alive on **11/5**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **chr. atherosclerosis** Duration **7 yrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

Of autopsy \_\_\_\_\_

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) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Erwin E. ...** (M. D. or other)

Address **2301 So. Kings highway** Date signed **11/6/41**

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.....

*Fred Trick*

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, fact should be so stated above.**