No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36905

Registrar's No. 9135

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DE PAUL HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 DYS. (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS. 1726
(If outside city or town limits, write "RURAL")
(d) Street No. 3107 HADLEY STR. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS P. COURTNEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NORA — DECEASED —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased SEPT. (Month) 15. (Day) 1870 (Year)

8. AGE: Years 71. Months 2. Days 10. If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation RETIRED POLICE SERGEANT

11. Industry or business

MOTHER FATHER

12. Name PETER COURTNEY
13. Birthplace IRELAND (City, town, or country) 4 (State or foreign country)

14. Maiden name MARGARET HALEY
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant Katherine Walsh
(b) Address 3107 Hadley

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co
(b) Address 1827 HOGAN STR

19. (a) NOV 18 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16TH year 1941. hour 2.30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 30 1941 to Nov 16 1941 that I last saw him alive on Nov 16 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of sigmoid + rectum, Pleuritis — Undetermined	1 yr +
Due to cause unknown	
Due to (Primary unknown)	
Other conditions General arteriosclerosis	1 yr +

(Include pregnancy within 3 months of death)

Major findings:
Of operation Irregular mass in rectum, sigmoid + colon by Dr
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) —
(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 R. Bummer Lane (M. D. or other)
Address 1117 N Grand Date signed 11/17/

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3578

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.