

FILED JAN 24 1942

Registration District No. **191**

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:
2509 Maiden Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **80 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2509 Maiden Lane** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Elizabeth Sharkey**

3. (b) If veteran, name war **no** 3. (c) Social Security No.....

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Eugene Sharkey** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **? 1861** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 ? ? hr. min.

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

10. Usual occupation **housework**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Caffrey**
13. Birthplace **unknown** **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **John Caffrey**
(b) Address **2625 St. Louis Ave**

17. (a) **burial** (b) Date thereof **12-22-41** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Galvary Cemetery**

18. (a) Signature of funeral director **Goodrich Goodrich**
(b) Address **2228 St. Louis Ave**

19. (a) **DEC 21 1941** (b) **J. F. Budick** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28** year **1941** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Oct 14** 19 **41** to **Dec 18** 19 **41**; that I last saw him alive on **Dec 18** 19 **41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Senility of chronic degeneration** Duration.....

Due to **Old age**
Due to **106**

Other conditions **arteriosclerosis** (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).....
(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?

While at work? (Specify type of place) Means of injury.....
23. Signature **A. M. Krall** (M. D. or other) Date signed **12/27/41**
Address **2704 Cass**

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

10
17
9

2800
2012
9

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

Charley Goodrich

Licensed Embalmer No. *2777*

P. O. Address

St. Paul, 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.