

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43048

FILED JAN 21 1942

Registration District No. 111 Primary Registration District No. 111 Registrar's No. 27

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Fishmead Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4753 Plover Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eugene Gaffney

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17th 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation City fireman

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Gaffney

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

14. Maiden name Bridget Cullen

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

16. (a) Informant Michael Gaffney

(b) Address 2042 Blendon Pl.

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 5- 1942 (b) C. H. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1942 hour 5:10 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 9,
1941 to Jan 3rd, 1942,
that I last saw him alive on Jan 9, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Alumina Duration 19 Months

Due to Chronic Glomerulonephritis & Hypertensive C.V.R. Disease 6 months

Due to None
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
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 J. Brennan M.D. (M. D. or other) J
Address 1539 W. Grand Date signed 1/5/42

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

JAN 16 1942

JUL 15 1947

JUL 1 1949

JAN 20 1950

Jr. A. Brennan
Stamboldt
Edy
1-13

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 *Edwin D. McDermott*

Licensed Embalmer No. *3024*

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.