

S. No. 2
M-1-4-41
5-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

287
State File No. 342
Registrar's No.

FILED FEB 24 1942
791

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town
(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 6
(c) City or town ST. LOUIS
(d) Street No. 5606 HIGHLAND AVENUE
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA GARAGHTY
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 10-1942
year 1 hour 30 minute P. M.
21. I hereby certify that I attended the deceased from
1941 to Jan 10 1942
that I last saw her alive on Jan 10 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROY GARAGHTY
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased JULY 23, 1879
(Month) (Day) (Year)

Immediate cause of death
metastatic carcinoma
of chest - Primary Left Breast
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 50

8. AGE: Years 64 Months 5 Days 17
If less than one day hr. min.

9. Birthplace AVA ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

11. Industry or business
12. Name ROGERS -
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant ROY GARAGHTY
(b) Address 5606 HIGHLAND
17. (a) BURIAL (b) Date thereof JAN 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT LEBANON CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 HAMILTON AVENUE
19. (a) JAN 12 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Emily Smith (M. D. or other)
Address 1174 N. Howard St Date signed 1-11-42

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

Dr. W. O. W. Smith

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.