

FILED APR 8 1942
Registration District No. **791**

Primary Registration District No. **1003**

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

20
17
9

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5920A Wabada Ave.
(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 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5920A Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 5.00 minute AM M. M

21. I hereby certify that I attended the deceased from Jan 30 1937 to March 20 1942
that I last saw her alive on March 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Old Myocarditis Duration 5

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Connolly

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

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

6. (b) Name of husband or wife Peter M. Connolly 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 19, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 1 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Kavanaugh

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

14. Maiden name Catherine Slowley

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Peter M. Connolly

(b) Address 5920A Wabada Ave.

17. (a) Burial (b) Date thereof Mar. 23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiemont Ave.

19. (a) MAR 21 1942 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature Dr. J. F. Brudek (M. D. or other) S.O.

Address 621 Lotus Date signed 3-20-42

Dr. Jas. Hicks
6201 Lotus Ave.,
Mu. 1650.

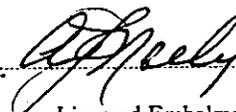
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 3225

P. O. Address..... 1125 Hodiament Ave.,

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.