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S. No. 2
A-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8589
3258

BUREAU OF THE CENSUS
FILED APR 20 1942

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
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. 1710 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esther Mary George

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 separated
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas W. Gallagher
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Marie McKelly
15. Birthplace Unknown Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant William George
(b) Address 1710 N. Spring Ave.

17. (a) Burial (b) Date thereof 4-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director _____
(b) Address 1710 N. Grand Blvd.

19. (a) APR 11 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1942 hour 1:45 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from April 5, 1942 to April 10, 1942 that I last saw her alive on April 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis rt middle cerebral artery Duration 5 days

Due to Essential hypertension enlarged heart

Due to auricular fibrillation

Other conditions _____

Major findings: Syphilis, osteitis terminal hypostatic pneumonia

Of operations _____

Of autopsy Same. Also small myomas of uterus

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? _____

23. Signature Leo Wade (M. D. or other) 4/10/42
Address 1515 Lafayette Avenue Date signed _____

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

MOTHER FATHER

170
9

000
17
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

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.