

Registration District No. _____ Primary Registration District No. _____

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:
4854 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

3. (a) PRINT FULL NAME James Droney

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 19 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>12</u>	hr. min.

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

10. Usual occupation Iron Worker

11. Industry or business Retired

12. Name Thomas Droney

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

14. Maiden name Margaret Curtis

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

16. (a) Informant Mrs W. Downey
(b) Address 4854 Wabada Ave

17. (a) Burial (b) Date thereof Dec 4th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 3 1942 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
17
96

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4854 Wabada Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day December
year 1942 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 28 1942 to Nov 30 1942
that I last saw him alive on Nov 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Apoplexy 3 days

Due to Arteriosclerosis

Other conditions Chronic Myocarditis
(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)

(e) Means of injury _____

23. Signature E. M. Adams (M. D. or other) M.D.
Address 3012 Lafayette Date signed 12-2-42

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

Dr. A. Williams
Jan 11 1952

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 *Frank J. Owens*

Licensed Embalmer No. *3245*

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.