

S. No. 2
M-442
v. 5-17-39
I X32873

35494

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **9853**

FILED DEC 7 1942
Registration District No. **318**

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..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5343a Wabada Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 16 years.
years, months or days) (Specify whether)

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..... 5343a Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Jermiah Horgan.
3. (b) If veteran, name war..... None
3. (c) Social Security No..... None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... NOV. day..... 24
year..... 1942 hour..... 4. minute..... 40 p. M.

4. Sex..... Male 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Catherine Horgan.
6. (c) Age of husband or wife if alive..... 68 years
7. Birth date of deceased..... June 24, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death..... Chronic Myocarditis

8. AGE: Years Months Days If less than one day
82 5 0 hr. min.

Duration 1 year.
Due to..... Infarction of Aorta
Due to..... Senility
Other conditions..... Cardiac Catharisis
(Include pregnancy within 3 months of death)

9. Birthplace..... Liverpool, England.
(City, town, or county) (State or foreign country)
10. Usual occupation..... Coal Miner, retired.
11. Industry or business..... SAME

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

MOTHER FATHER

12. Name..... Daniel Horgan.
13. Birthplace..... Liverpool, England.
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown.
15. Birthplace..... England.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Catherine Horgan
(b) Address..... 5343a Wabada Ave.
17. (a) Burial. (b) Date thereof..... Nov. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary Cemetery.

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) (e) Means of injury.....

18. (a) Signature of funeral director..... Richard J. Predeck
(b) Address..... 1431 Union Blvd.
19. (a) NOV 26 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

23. Signature..... Richard J. Predeck, M.D. (M. D. or other)
Address..... 5146 St. Louis Ave. Date signed..... 11-25-42
St. Louis, Mo.

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 Suckey

Licensed Embalmer No. 2915

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.