

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 11 1945

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 470

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Rural
(c) Name of hospital or institution Wells Home 48149 Grand
(d) Length of stay: In hospital or institution 10 Weeks
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town _____
(d) Street No. 3109 North Market St
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME JOHN MULCAHY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1943 hour about 2 minute 30 M.

21. I hereby certify that I attended the deceased from Nov November 1942 to Feb 22 1943; that I last saw him alive on Feb 21 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Mulcahy 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct 31, 1863
(Month) (Day) (Year)

Immediate cause of death Myocarditis and general weakness

8. AGE: Years 79 Months 4 Days 1 If less than one day _____ hr. _____ min.

Due to Hardening of arteries

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

Due to Old age senility

10. Usual occupation Unemployed

Other conditions Very much Emaciated
(Include pregnancy within 6 months of death)

11. Industry or business _____

Major findings: Of operations None

12. Name Unknown

Of autopsy No

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

14. Maiden name Unknown

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

16. (a) Informant Margaret Mulcahy

(b) Address 3109 North Market St

17. (a) Burial (b) Date thereof Feb 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capezio Cemetery

18. (a) Signature of funeral director J. J. ...

(b) Address 1559 Grand

19. (a) Feb 26 1943 (b) C. H. Mc ...
(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? No (Specify type of place) (e) Means of injury _____

23. Signature J. J. Meredith (M. D. or other) M.D.

Address 1259 N. Kings Highway Date signed 2/23/43

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

96
8
0

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tomayfryrd

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.