S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15995

FILED JUN 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4726

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 839 Airport Ave. Ferguson Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000 17 N.R. 9 0

3. (a) PRINT FULL NAME Thomas Danahy

3. (b) If veteran, name war None

3. (c) Social Security No. 361-14-6135

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Betty Danahy

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

7. Birth date of deceased Jan. (Month) 27th (Day) 1911 (Year)

8. AGE: Years 32 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Albuquerque (City, town, or county) New Mexico (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Curtis Wright

MOTHER FATHER

12. Name Thomas Danahy

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

14. Maiden name

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

16. (a) Informant Betty Danahy
(b) Address 839 Airport Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Albuquerque N. Mexico

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st. year 1943 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive Burns of Body when bed clothing and Mattress become Ignited at his home # 839 airport Rd Ferguson Mo When Deceased fell Due to asleep while smoking a cigarette in Bed on 5-21-43 at about 2:00 am Due to Age estimated at 50.00

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation
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) Accident 096
(b) Date of occurrence 5-21-43
(c) Where did injury occur? Ferguson St. L. Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Callan (M.D. or other)
Address Deputy Coroner Date signed 5-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.