

FILED OCT 2 - 1943 318

Registration District No. _____ Primary Registration District No. _____

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:
Missouri Pacific R R Hosp.
(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 Margaret M. Flaherty
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____
 12. Name Richard Flaherty
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Ryan
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele Voelker
 (b) Address 4827 Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/43
(Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) SEP 25 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4827 Page Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
 year 1943 hour 8 minute 45 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 Fractured right hip Duration _____
Ruban pneumonia, suppurative when
discovered, called out by bed in
due to home Aug 31, 1943
about 3:00 AM

Due to _____
 Other conditions _____
(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) Accident 000
 (b) Date of occurrence Aug 31, 1943
 (c) Where did injury occur? St. Louis
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (a) Means of injury fall

23. Signed [Signature] (M. D. or other) _____
 Address Wepfer Co. St. Louis Date signed 9/24/43

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 *F. A. Smith*

Licensed Embalmer No. 2265

P. O. Address. 4629th Bridge and

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.