

BUREAU OF THE CENSUS
FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8876

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4225a Shreve, Ave.
(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 About 50 Years.

3. (a) PRINT FULL NAME Jane. Carey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Carey

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased 3 (Month) 30 (Day) 1865 (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>78</u> | <u>6</u> | <u>5</u> | hr. min. |

9. Birthplace Plath Field, N. Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Thos. Carey

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Campbell

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Carey

(b) Address 4225a Shreve Ave.

17. (a) Burial (b) Date thereof 10-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2228 St. Louis Ave.

19. (a) OCT 8 1943 (b) J. F. Bredeak
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis, Mo. 97
(If outside city or town limits, write "RURAL")

(d) Street No. 4225a Shreve Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5
year 1943 hour 5 minute 45 p. 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 Coronary Sclerosis
Arterio Sclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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)

(c) Means of injury.....

23. Signature Thomas J. Callahan (M. D. or other)
Address Date signed 10-8-43

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 *Majie A. Cashier*
Licensed Embalmer No. *3949*
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.