

No. 2
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4-1739
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32257
Registrar's No. 9173

OCT 27 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7510 Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 71 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary F. Minoughan

3. (b) If veteran, name war None 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 June 6, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Anthony Minoughan 13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Julia Bonahan 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant William Minoughan
(b) Address 7510 Minnesota

17. (a) Burial (b) Date thereof 10-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) OCT 18 1943 (b) G. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL") 91
(d) Street No. 7510 Minnesota
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 6
1943 to Oct 16 1943

that I last saw her alive on Oct 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration _____

Due to Hypertension

Due to Atherosclerosis - Chronic Hypertensive Chronic Myocardial Infarction

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

Major findings: Of operations 1/31 PHYSICIAN _____

Of autopsy _____ 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) (e) Means of injury _____

23. Signature G. F. Bradeck (M. D. or other) _____
Address 521 N. Schumaker Date signed 10-28-43

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

MOTHER FATHER

Pl 0149

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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.