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FILED JUN 10 1944
Registration District No. 37

Primary Registration District No. 3068

State File No. _____

Registrar's No. 1265

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
Maplewood, Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis. ⁹⁶

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7217 a Sarah
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward J McArdle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Stella

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 26, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9	11	hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent.

11. Industry or business Metropolitan Ins., Co.

MOTHER FATHER

12. Name John McArdle

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

14. Maiden name Kate Murphy

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

16. (a) Informant Stella McArdle

(b) Address 7217 a Sarah Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof June 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) JUN 10 1944 (b) C. J. McHarran, M.D.
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour 10 30 minute a. M.

21. I hereby certify that I attended the deceased from Feb 27
1944 to June 7, 1944

that I last saw him alive on June 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior choroidic Heart Disease 5 mo.

Due to Anterior choroidic 15 yrs.

Due to _____

Other conditions Cerebral Anterior choroidic
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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)
(e) Means of injury _____

23. Signature Walter G. Dill (M. D. or other) M.D.
Address 7346 a Manchester ave. Date signed 6-8-44

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

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 3454

....., Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.