No. 2
-5-43
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 22515

FILED JUN 19 1944

Registration District No. 3

Primary Registration District No. 3063

Registrar's No. 1264

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

**1. PLACE OF DEATH:**

(a) County St.Louis

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

(c) Name of hospital or institution: 7541 Parkdale 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 ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7541 Parkdale Ave. 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Annie M.McDermott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas F.McDermott

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

7. Birth date of deceased Aug.31st., 1859
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 9 | 6 | hr. ..... min. |

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Sharkey
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Maria Kinney
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Miss Mary F.McDermott
(b) Address 7541 Parkdale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 10 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 7th., year 1944 hour 7 minute 50 p. M.

21. I hereby certify that I attended the deceased from 5/1/40, 19..., to 6/7/44, 19...; that I last saw h— alive on 6/5/44, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Scientific | 2 |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address Humboldt Bldg Date signed 6/8/44

(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 Stanley Marshall

Licensed Embalmer No. 2868

P.O. Address 3840 Kindell

**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.**