

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1477

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1221 Big Bend Blvd.
(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:

Mo. St. Louis 96
 (a) State _____ (b) County _____
 (c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
 (d) Street No. 1221 Big Bend
(If rural, give location)
 (e) Citizen of foreign country No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SANDS, Catherine

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fem 5. Color or race wh 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife John Sands 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 16, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5b</u>	<u>19</u>	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 Peter Brogan
 13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Sands
 (b) Address 1221 Big Bend Blvd.

17. (a) Burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Michael Croghan Sr.
 (b) Address 7146 Manchester

19. (a) JUL 11 1944 (b) C. S. McSweeney, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
 year 1944 hour 2 minute 45 A. M.
 21. I hereby certify that I attended the deceased from April 15-1944
 19____ to July 5 1944

that I last saw her alive on July 5 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Thrombosis of Coronary Artery Duration 2 hours

Due to Arteriosclerosis Heart Disease 2 yrs.

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no operations.
 Of autopsy no 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) _____
 (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 [Signature] (M. D. or M.D.)
 Address 5351 35th Road W.E. Date signed 7-7-44

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

144

707

1-2-1977

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

John Gornick
2398

Licensed Embalmer No.....

P. O. Address.....

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.