V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35665

FILED NOV 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9910

00 17 9

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5749 St. Louis 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 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 617 (If outside city or town limits, write "RURAL")

(d) Street No. 5749 St. Louis Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Mulcahy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 4

6. (b) Name of husband or wife Thomas Mulcahy

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

7. Birth date of deceased July (Month) 15th., (Day) 1881 (Year)

8. AGE: Years 64 Months 3 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William Smith

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

MOTHER 14. Maiden name Agnes McFeduge

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

16. (a) Informant Mr. Joe Moran

(b) Address 5749 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-45 (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) NOV 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th., year 1945 hour 2 minute 50 a. M.

21. I hereby certify that I attended the deceased from 1-15-45, 19..., to 11-14-45, 19...; that I last saw h. alive on 11-13-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	1 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma of stomach	
Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. H. Bowdyn (M. D. or other)

Address 6347 Bran Date signed 11-15-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edw. H. Bowdern
634 N. Grand Blvd.

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.