

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25162

FILED AUG 5 1946  
318

State, File No. ....

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 6653

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
4434 West Pine 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:

(a) State Mo. (b) County.....

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

(d) Street No. 4434 West Pine Blvd.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Agnes Denvir

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

4. Sex F. / 5. Color or race W

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

6. (b) Name of husband or wife John B. Denvir 6. (c) Age of husband or wife in  
alive..... years

7. Birth date of deceased January 21, 1952  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th  
year 1946 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from  
Jan 1, 1946 to July 29, 1946  
that I last saw him alive on July 27, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>6</u>	<u>8</u>	..... hr. .... min.

Immediate cause of death Arteriosclerosis 1 day

Due to General arteriosclerosis 1 yr. +

Due to Senility

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

Other conditions: —  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: —

Of operations.....

11. Industry or business.....

12. Name James Gorman

Of autopsy.....

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Helen Corcoran

15. Birthplace British Columbia  
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Denvir Jr.

(b) Address 4434 West Pine Blvd.

17. (a) Burial (b) Date thereof 7-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

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)  
(c) Means of injury.....

23. Signature R. J. Brannan (M. D. or other)  
Address 1117 N. Brown Date signed 7/29/46

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

*Dr. Kane*

**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 *4348 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.