

FILED SEP 31 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **7420**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2042 Blendon Pl.
(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. 2042 Blendon Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael J. Gaffney

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sep't. (Month) 28 (Day) 1879 (Year)

8. AGE: Years Months Days If less than one day
66 10 28 hr. _____ min.

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

10. Usual occupation City Fireman

11. Industry or business _____

12. Name Patrick Gaffney

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

14. Maiden name Bessie Cullen

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

16. (a) Informant Mary Gaffney

(b) Address 2042 Blendon Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 29 46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co

(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 27 1946 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1946 hour 11:30 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from March 15 1946, to Aug 26 1946, that I last saw him alive on Aug 26, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to arterial hypertension ?
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 8

23. Signature James P. Meador (M. D. or other) Address 27 Central Date signed 8-27-46

Clayton, Mo

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

MOTHER FATHER

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 *Edwin A. McHernatt*.....

Licensed Embalmer No. *3024*.....

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.