

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED OCT 7 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7538 Ethel Ave. NB
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Dennehy

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 18 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Claim Clerk

11. Industry or business Freight Office

MOTHER FATHER { 12. Name John P. Dennehy

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

14. Maiden name Julia Sheehan

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Dennehy

(b) Address 7538 Ethel Ave.

17. (a) Burial (b) Date thereof 9-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 30 1946 J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1946 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1946
_____ 19____, to Sept 27, 1946 19____.

that I last saw h er alive on Sept 27 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Generalized Carcinomatosis

Due to Carcinoma Colon-Primary

Due to _____

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

Major findings: Hb

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 _____

23. Signature H. D. Schripel (M. D. or other) M. D.
Address 634 W. Grand Ave. Date signed 9/28/46

8407

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.....

Albert G. Kopp

Licensed Embalmer No. 2971

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.