

FILED DEC 23 1946

1003

State File No.

Registrar's No.

10801

Registration District No.

Primary Registration District No.

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:
City Infirmary
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 11 months 29 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Flaherty, Nellie

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 Unknown ? 1863
 (Month) (Day) (Year)

8. AGE Years Months Days If less than one day
abt. 83 - - 11 hr. 30 min.

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

10. Usual occupation Nil

11. Industry or business

12. Name John Flaherty

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

14. Maiden name Catherine McCabe
 (City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 12-18-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) DEC 17 1946 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5400 Arsenal
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
 year 1946 hour 1:30 minute..... P.M.

21. I hereby certify that I attended the deceased from
January 15, 1946 to December 15, 1946
 that I last saw her alive on December 15, 1946, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Degenerative heart disease

Due to Senile psychosis
Hypertension

Due to.....

Other conditions.....
 *(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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 John E. Miller (M. D. or other) M.D.

Address 5600 Arsenal Date signed 12/15/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Fred Frick

Licensed Embalmer No..... 3186.....

P. O. Address..... St. Louis, Mo.....

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.