

FILED JAN 7 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 11019

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:
DE PAUL HOSPITAL.
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution 15 DAYS.
(Specify whether
In this community LIFE.
years, months or days)

3. (a) PRINT FULL NAME MARY MARGARET FLOREY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced CHILD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased DECEMBER 7TH. 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 15 hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business _____

12. Name FRANCIS FLOREY

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET TIERNEY

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Francis Florey

(b) Address 4328 a Warne Ave.

17. (a) BURIAL (b) Date thereof DEC. 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Brookland and Co.

(b) Address 1827 HOGAN ST.

19. (a) DEC 23 1946 J. F. Bredek J. F. Bredek
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4328 A WARNE AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 22 NO.
year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Dec 7 1946 to Dec 22 1946
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Wound plus lack of general debility

Due to antipy

Due to Chamberlaine Heger

Other conditions (Include pregnancy within 3 months of death) 7/21

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 _____

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? _____ Means of injury _____

23. Signature William H. ... (M. D. or other)

Address 1918 ... Date signed 12/23/46

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

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.....

.....
working under my personal supervision.

Registered Apprentice No. *John B. Brockland*

Signed.....

Licensed Embalmer No. *John B. Brockland*

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.