

FILED MAR 3 1947
318
Registration District No.

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:
6401 Winona Ave.
(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

3. (a) PRINT FULL NAME Neillie Day

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / Color or race W

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

6. (b) Name of husband or wife Raymon Day

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Feb. 27 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER { 12. Name Dennis Meeran

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

14. Maiden name Johanua Lovett

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

16. (a) Informant Gerairdine Day, daughter

(b) Address 4415 Washington Bl.

17. (a) BURIAL (b) Date thereof 2-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan & Sheenan

(b) Address 4415 Washington Bl.

19. (a) FEB 22 1947 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San

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

(d) Street No. 6401 Winona Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1947 hour 9 minute — M. P

21. I hereby certify that I attended the deceased from Nov 1946 to 2/20 1947

that I last saw him alive on 1/25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Disease of Coronary Vessels

Due to arterial sclerosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

23. Signature Hubert Smith (M. D. or other) _____

Address 5203 Chaffee Dr. Date signed 2/21/47

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.....

Henry M. Brammer

..... Licensed Embalmer No..... *4200*

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.