S. No. 2
—12-45
. 5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10875
State File No.

FILED APR 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 106

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: Home for the Aged - 3400 So. Grand Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days) In this community

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. 3400 So. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Gilroy
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25 1862 (Month) (Day) (Year)
8. AGE: Years 84 Months 3 Days 3 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
12. FATHER Name Michael Gilroy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Helen Mulhein
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Little Sisters of the Poor
(b) Address 3400 So. Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) MAR 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1947 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 4 19 47 to Mch 28 1947 that I last saw him alive on Mch 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Confluenza Bronchio-Pneumonia — Duration 2 W
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis — 4 yr
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D.)
Address 607 N. Grand Date signed 3-29-47

(Licensed Embalmer's Statement on Reverse Side)

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 Loron E. Fency

Licensed Embalmer No. 4084

P. O. Address 2842 Meramec St. St. Louis, 18, Missouri.

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.