

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

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:
4378 Maryland
(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 MARY CARNEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 21 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired School Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS CARNEY

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

14. Maiden name MARY FORD

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

16. (a) Informant JOHN J. GORMLEY

(b) Address 4378 MARYLAND

17. (a) BURIAL (b) Date thereof APRIL 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CATHOLIC CHURCH

18. (a) Signature of funeral director J. F. Lindell

(b) Address 4386 Lindell

19. (a) APR 27 1948 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 681

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4378 MARYLAND 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 1947 to April 1948; that I last saw her alive on 4/25/48 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebro-vascular accident 3 days

Due to Hypertensive cardiovascular disease

Due to Generalized arteriosclerosis

Other conditions _____ (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) (e) Means of injury _____

23. Signature R. Hoffmann (M. D. or other) _____

Address 4065 So Grand Date signed 4/26/48

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..... *James A. Lammers*.....
Licensed Embalmer No. *4142*.....
P. O. Address..... *St. Louis*.....

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.