

No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17521**
4805
Registrar's No. _____

FILED JUN 7 1948 **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:
5920 Washington Blvd.
(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 Catherine Desmond
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. O.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 18th., 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Michael Desmond
 13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kelly
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Rinkel
 (b) Address 5920 Washington Blvd.

17. (a) Burial (b) Date thereof 5-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cathedral

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) MAY 25 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5920 Washington Blvd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) O
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 24th., year 1948 hour 3 minute 40 a. M.

21. I hereby certify that I attended the deceased from July 10th to May 24th, 1948
 that I last saw her alive on May 23rd, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Arterio-sclerosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 93

Major findings:
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (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 _____
 Signature J. F. Gallagher (M. D. or other)
 Address 3903 Blue Date signed 4/24/48

Duration
1 year
5 years
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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Ludell

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.