FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21366

Primary Registration District No. 1003

Registrar's No. 5813

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: ST. JOHNS HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3017 LAFAYETTE AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA M. SORAGHAN.

3. (b) If veteran, name war

3. (c) Social Security No. 0

4. Sex FEMALE

5. Color or race WH.

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 NOVEMBER 28 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name PETER SORAGHAN

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

MOTHER 14. Maiden name CATHERINE UNKNOWN

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

16. (a) Informant Mrs. Anne Soraghan Ries

(b) Address 2223 Highland Terrace

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmitt

(b) Address 3125 Lafayette Av.

19. (a) JUN 29 1948 (Date received local registrar) (b) J. F. Bradecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 11 00 minute A M.

21. I hereby certify that I attended the deceased from Dec 31, 1947, to June 28, 1948, that I last saw her alive on June 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma, Mediastinal.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy As above

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 Carl J. Weber (M. D. or other)

Address Humboldt Bldg. Date signed 6-29-48.

(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 Jos B Volkmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.