

No. 2
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5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24926

Registration District No. 377

Primary Registration District No. 3069

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 _____
years, months or days

3. (a) PRINT FULL NAME Mary Monaghan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James E. Monaghan

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

7. Birth date of deceased: September 30 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58	9	13	hr. min.
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9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michael McKiernan

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

14. Maiden name Bridget McTiernan

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

16. (a) Informant John M. Schobel

(b) Address 127 Constance St.

17. (a) Removal (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York, N.Y.

18. (c) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 7-14-48 (b) Albert H. Hoppe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County 1738 921
30

(c) City or town Bronx
(If outside city or town limits, write "RURAL")

(d) Street No. 2316 Loring Pl.
(If rural, give location) 2

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1948 hour 9 minute 20 a.m.

21. I hereby certify that I attended the deceased from June 25
1948 to July 13 1948
that I last saw her alive on July 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Intestinal Obstruction (Acute)</u>	<u>10 days</u>
Due to <u>Carcinoma, caecum</u>	<u>?</u>
Due to <u>Pyelonephritis, acute</u>	<u>3 weeks</u>

Other conditions Pyelonephritis, acute
(Include pregnancy within 3 months of death)

Major findings: Carcinoma involving entire colon

Of operations _____

Of autopsy None

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Roy V. Bredaker (M. D. or other) _____
Address 4500 Olive Date signed 7/13/48

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.....

Albert E. Hopper

..... Licensed Embalmer No..... *2971*

..... 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.