

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27593**
Registrar's No. **7770**

FILED SEP 13 1948
Registration District No. **618**

Primary Registration District No. **100's**

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 1206 Temple Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Mary Clohessy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 11, 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 20 If less than one day hr. min. 4

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

10. Usual occupation Housework

11. Industry or business

12. Name Patrick Mullins

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

14. Maiden name Mary Sullivan

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

16. (a) Informant Lilly Clohessy

(b) Address 1206 Temple Place.

17. (a) Burial (b) Date thereof Sept. 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, cremation Calvary Cemetery

18. (a) Signature of informant Ronald Richard

(b) Address 1431 Union Blvd.

19. (a) SEP 3 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 Temple Place. 9
(If rural, give location) 5 6
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1948 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 15, 1948 to 9-1-1948
that I last saw her alive on 8-30-48
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerotic
kidney disease
Due to Arteriosclerotic
Due to kidney disease

Other conditions (include pregnancy within 3 months of death) 131

Major findings: Of operations

Of autopsy

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 Carl P. Reiss (M. D. or other)

Address Newbold & Blay Date signed 9-2-48

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

MOTHER FATHER

1114-14

1114-14

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 Gustav W. Dietz

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.