

FILED DEC 14 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
**4746 Ashland Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community **50 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Mary Ann Gaffney**

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 **Widowed**  
6. (b) Name of husband or wife **John J. Gaffney** 6. (c) Age of husband or wife alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 17, 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 2 16** hr. \_\_\_\_\_ min.

9. Birthplace **Alton Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **James Reilly**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dont Know**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Gaffney**  
(b) Address **4746 Ashland Ave.**

17. (a) **Burial** (b) Date thereof **12-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **DEC 5 1948** (b) **J. B. Vasater**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4746 Ashland Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **3.** year **1948** hour \_\_\_\_\_ minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Aug 1948** to **3 Dec 1948**  
that I last saw **her** alive on **1 Dec 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral arteriosclerosis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to **99**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **U**

23. Signature **McPherson** (M. D. or other **M.D.**)  
Address **3635 N. Newstead** Date signed **4/Dec 48**

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

3633 11 November  
R. W. Vanmatre

**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 W. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**