

FILED DEC 23 1948

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: 5258 PAGE 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.....
years, months or days)

3. (a) PRINT FULL NAME PATRICK J. MONAHAN

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex MALE

5. Color or race WH-

6. (a) Single, widowed, married, divorced. 2

6. (b) Name of husband or wife.....

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

7. Birth date of deceased MARCH 29, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>8</u>	<u>14</u>	hr. min.

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

10. Usual occupation RETIRED

11. Industry or business.....

12. Name MONAHAN

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

14. Maiden name COSTELLO

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

16. (a) Informant ROBERT MORAN

(b) Address 5258 PAGE AVE

17. (a) Burial BURIAL (b) Date thereof 12-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director M. J. Quigley

(b) Address 7146 MANCHESTER

19. (a) DEC 13 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI

(b) County.....

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

(d) Street No. 5258 PAGE AVE
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 13
year 1948 hour 7 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 30, 1948 to Dec 13, 1948
that I last saw him alive on Dec 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral infarction
due to Vascular degeneration
due to Vascular Infection

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

7 days

16 days

PHYSICIAN

Underline the cause of 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 Branda (M. D. or other)

Address W. H. Groves Date signed 12/11/48

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

SEP 19 1958

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

J. Allen Davis

Licensed Embalmer No. 4053

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.