

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11416

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
 (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

ANNA BEAGLE

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..... Widowed

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

7. Birth date of deceased..... Jan 21 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 10 hr. min.

9. Birthplace..... St. Louis - MO
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business

MOTHER FATHER { 12. Name..... Thomas Mahon
 13. Birthplace..... UK - Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Mary Delaney
 15. Birthplace..... Philadelphia Pa.
 (City, town, or county) (State or foreign country)

16. (a) Informant..... James Mahoney
 (b) Address..... 4963 Leshy

17. (a) Burial (b) Date thereof..... 1/3/49
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director.....
 (b) Address..... 1389 Union Blvd

19. (a) JAN 2 1949 (b) J. B. Sasser
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2417 1/2 Vandeventer Ave (north
 Memorial (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..... 31st
 year..... 1948 hour..... 3 minute..... 50 A. M.

21. I hereby certify that I attended the deceased from..... 10/7/48
 19....., to..... Dec. 31st 19..... 48
 that I last saw her alive on..... Dec. 31st 19..... 48
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Ca of Esophagus
 Duration.....
 Due to.....
 Due to.....

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.....
 23. Signature..... 1515 Lafayette (Date of other)..... 1/3/48
 Address..... Date signed.....

Melrose

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 *Ronald Yakobson*

Licensed Embalmer No. *3917*

P. O. Address.....

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

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