

FILED MAR 18 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 578

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/5/46
In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 99
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 3006 Myrtle Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FEENEY, Thomas P.

3. (b) If veteran, name war World I 3. (c) Social Security No. 31812 1614

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

6. (b) Name of husband or wife Maude Feeney 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 16, 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Carpenter Helper

11. Industry or business _____

12. Name James Feeney

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

14. Maiden name Alice Mahon
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clin. Clerk Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Frank A. Mercer

(b) Address Frank A. Mercer

19. (a) 3-8-46 (b) Dr. J. J. Sproull
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from 3/5/46, 1946, to 3/7/46, 1946, that I last saw him alive on March 7, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIO-SCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT & MYOCARDIAL INSUFFICIENCY

Other conditions EMPHYSEMA PULMONARY
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation
Of autopsy Autopsy Performed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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 L. E. Stilwell (Specify type of place)
23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Jefferson Barracks, Mo Date signed 3/7/46

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

9848

MAR 29 1946

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 Charles E. Mercer

Licensed Embalmer No. 2988

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.