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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27804
Registrar's No. 7589

FILED SEP 13 1948
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(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:
Firmin Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3131 Eads 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hennessey, Arthur
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 22 - 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8-28-48 day 6:25 P.M. hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 8-28-48, 19____, to 8-28-48, 19____;
that I last saw him alive on 8-28-48, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace MOBERLY Mo. (City, town, or county) (State or foreign country)
10. Usual occupation NIL

Immediate cause of death Coronary Arteriosclerosis Duration 1-2 hrs
Due to Arteriosclerotic heart disease ?
Due to _____
Other conditions (Include pregnancy within 3 months of death) 73

11. Industry or business _____
12. Name TIMOTHY J. HENNESSEY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
14. Maiden name ANNIE DOYLE
15. Birthplace Philadelphia (City, town, or county) (State or foreign country)
16. (a) Informant Joseph C. Hennessey
(b) Address 3131 EADS AV.
17. (a) BURIAL (b) Date thereof AUG 31 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Cem.
18. (a) Signature of funeral director E. J. Schurz
(b) Address 3125 LAFAYETTE AV.
19. (a) AUG 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

Major findings: _____
Of operations _____
If autopsy Arteriosclerotic H.D. Unrecognized arteriosclerosis.
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 H. Hennessey (M. D. or other) _____
Address 1325 S. Grand Date signed 8-29-48

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

MOTHER FATHER

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.....

Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.