

FILED FEB 23 1949

93502

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5950

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1210

|  |                               |  |   |   |  |   |   |
|--|-------------------------------|--|---|---|--|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY _____ |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>   |                               | c. LENGTH OF STAY (In this place) <u>1</u> <u>4 WEEKS</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>                               |  | d. STREET ADDRESS (If rural, give location) <u>5952 a THEODOSIA</u> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>   |                               |  |   |   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>PATRICK</u> c. (Last) <u>BEGLEY</u>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 7th, 1949</u> |   |  |   |   |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  | 8. DATE OF BIRTH <u>MAY 16, 1878</u>                            |   | 9. AGE (In years last birthday) <u>70</u>                                | IF UNDER 1 YEAR Months _____ Days _____                             | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOVE PATTERN MAKER</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                          |   |
| 13a. FATHER'S NAME <u>JOHN BEGLEY</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>MARY O'BRIEN</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>JULIA TOOMEY</u>   |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO. <u>497-03-2385</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Julia Begley</u> ADDRESS <u>5952 a THEODOSIA</u>                                       |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                    |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage due to</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bronchogenic Carcinoma of left upper lobe</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH        |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>11.2 X</u>   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |   | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____   |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR? _____  |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>1/10/49</u> , 19____, to <u>2/7/49</u> , 19____, that I last saw the deceased alive on <u>2/7/49</u> , 19____, and that death occurred at <u>3:00 PM</u> , from the causes and on the date stated above. |                               |  |   |   |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>Joseph Muenster Jr. M.D.</u>   |                               |  |   | 23b. ADDRESS <u>1515 Lafayette Ave.,</u>  |  | 23c. DATE SIGNED <u>2/7/49</u>                                      |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |                               | 24b. DATE <u>FEB. 9, '49</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>               |   | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u> <u>Mo</u> |   |   |
| DATE REC'D BY LOCAL REGISTRY <u>FEB 8 1949</u>   |                               | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Callan Kelly</u>  |  | ADDRESS <u>4386 LINDELL BLVD</u>                                    |   |

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

*[Handwritten scribble]*

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**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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address: *St. Louis*

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.