

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20996

State File No. _____

FILED JUL 15 1949

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5826

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1		d. STREET ADDRESS (If rural, give location) 3623 Blaine Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) J. c. (Last) Feeney		4. DATE OF DEATH (Month) (Day) (Year) July 3 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 8, 1880
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Heil Packing Co		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Martin Feeney		13b. MOTHER'S MAIDEN NAME Sarah Quigley	
14. NAME OF HUSBAND OR WIFE Maude Brown Feeney Decd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-03-7370	
17. INFORMANT'S SIGNATURE OR NAME James F. Feeney		ADDRESS 4010 Natural Bridge	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES left leg; suffered when struck by automobile driven by one Dudley Daniels near intersection of Jefferson and Olive about 10:30 pm April 16, 1949. DUE TO (b) by automobile DUE TO (c) interposition of Jefferson and Olive II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1949	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 100			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 16 49 10:50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Struck by car			
22. I hereby certify that I attended the deceased from 3 , 19 49 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Catharine Taylor Cox		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-5-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-49	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	
DATE REC'D BY LOCAL REG. JUL 5 1949		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Gullinane Bros.		ADDRESS 3320 N Kingshighway	

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

AUG 23 1949

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.

Signed _____

Fred Trick

Signed _____
Student Embalmer

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.