

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21160**

318

1003

Registrar's No. **4825**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 4825			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 2345 N. Market St.					
3. NAME OF DECEASED (Type or Print) Michael Thomas Higgins			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1899		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad St. Louis		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? Am.			
13a. FATHER'S NAME Patrick Higgins		13b. MOTHER'S MAIDEN NAME Anna Connelly		14. NAME OF HUSBAND OR WIFE Agnes Higgins					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. First 487-22-5913		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agnes Higgins 2345 N. Market St.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS, ACUTE DIFFUSE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREPERATED GASTRIC ULCER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days	
19a. DATE OF OPERATION 5/25/49		19b. MAJOR FINDINGS OF OPERATION PREPERATED GASTRIC ULCER				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 1170					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 57401					
22. I hereby certify that I attended the deceased from MAY 25, 1949 , to MAY 31, 1949 , that I last saw the deceased alive on MAY 30, 1949 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John T. Vandover MD				23b. ADDRESS 1504 So Grand Blvd		23c. DATE SIGNED 5/31/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/3/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis				
DATE REC'D BY LOCAL OFFICE JUN 2 1949		REGISTRAR'S SIGNATURE J B Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS paschedag-Henke 2825 N. Grand Blvd					

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

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.....

Edna R. Padwell

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.