

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28588
7151

State File No.

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>000</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luthern Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>16 3455a Hartford</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bridget M.</u> b. (Middle) <u>Stretch</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1949</u>						
5. SEX <u>F.</u> / <u>W.</u>		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> / _____		8. DATE OF BIRTH <u>June 29, 1892</u>			
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>		IF UNDER 12 HRS. Hours <u>16</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ireland</u>			
12. CITIZEN OF WHAT COUNTRY? <u>+</u>			13a. FATHER'S NAME <u>Patrick Caslin</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Quigley</u>		14. NAME OF HUSBAND OR WIFE <u>Patrick J. Stretch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Patrick J. Stretch, 3455a Hartford</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach with generalized metastasæ</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION <u>8/7/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the stomach</u>				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) <u>Mo.</u>					
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? <u>13-1X</u>					
22. I hereby certify that I attended the deceased from <u>7-24</u> , 1948, to <u>8-15</u> , 1949, that I last saw the deceased alive on <u>8-14</u> , 1949, and that death occurred at <u>3:15A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. W. Klippel, M.D.</u>				23b. ADDRESS <u>3701 Grandel Square</u>		23c. DATE SIGNED <u>8/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 16 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasano</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>			

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.

Student
Student Embalmer

Signed.....

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.