

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH35896  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4198</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>		admission).	
b. CITY OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		b. CITY OR TOWN <u>Normandy</u>		<u>26</u> <u>9</u> <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3806 St. Ann's Lane</u>				d. STREET ADDRESS <u>3806 St. Ann's Lane</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Josephine</u>		b. (Middle) <u>G.</u>	c. (Last) <u>Higgins</u>		(Month)	(Day)	(Year)
(Type or Print)					<u>Oct.</u>	<u>19-</u>	<u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 4, 1898</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>Thomas Moran</u>		13b. MOTHER'S MAIDEN NAME <u>Delia May</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Higgins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John F. Higgins 3806 St. Ann's Lane.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive art. scler. heart disease</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>None</u>					
		DUE TO (b) <u>Cerebral embolus.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				<u>sudden death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 6, 1949</u> to <u>10-19, 1949</u> , that I last saw the deceased alive on <u>10-18, 1949</u> , and that death occurred at <u>3806 St. Ann's Lane</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Hammond</u>				23b. ADDRESS <u>M-D-17 634 N. Grand</u>		23c. DATE SIGNED <u>10/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-22-49</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 REG. <u>OCT 20 1949</u>		REGISTRAR'S SIGNATURE <u>Herbert Palombi, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. E. Stuart</u>		ADDRESS <u>1225 Union</u>	

(Licensed Emballer's Statement on Reverse Side)

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

*Dr. Hammond*

**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 *Clement McNeary*

Licensed Embalmer No. *3732*

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.