

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43255**
Registrar's No. **04690**

317

REG. DIST. NO. **6076**

Primary Reg. Dist. No. **6076**

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

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 6076	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		f. STREET ADDRESS (If rural, give location) 5567 Waterman Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Anne Hickey		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1949	
5. SEX F.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W.		8. DATE OF BIRTH June 24, 1870	
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR 5 Months 21 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Lawton		13b. MOTHER'S MAIDEN NAME Catherine Cashman	
14. NAME OF HUSBAND OR WIFE Jeremiah J. Hickey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Josephine Hickey, 5567 Waterman Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sev. arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1	
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) (Min)		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 12-2-1949 , to 12-15-1949 , that I last saw the deceased alive on 12-19-1949 and that death occurred at 9 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Chas. J. Conroy M.D.		23b. ADDRESS Creve Coeur Mo.	
23c. DATE SIGNED 12-15-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 15 1949 Herbert A. Wanko		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	

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 _____

W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

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