

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u> TOWN <u>CARSONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>4 Mo. 14 Day</u>		d. STREET ADDRESS (If rural, give location) <u>3932 SHIRLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>-</u> c. (Last) <u>McNeil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7 1950</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>AUG 20 - 1883</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>IRELAND</u>		13a. FATHER'S NAME <u>JOHN DUFFY</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGET DUFFY</u>	
14. NAME OF HUSBAND OR WIFE <u>JAMES E</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JAMES E McNeil</u>		17. ADDRESS <u>3932 SHIRLEY</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reticulum cell sarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>generalized throughout abdomen &amp; chest</u>			
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Cystic kidneys</u>		<u>2000</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" 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 <u>9-23-1949</u> to <u>2-7-1950</u> , that I last saw the deceased alive on <u>2-7-1950</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) <u>Edmund R. Shirley M.D.</u>		23b. ADDRESS <u>601 Dunwood Clayton MO.</u>		23c. DATE SIGNED <u>2/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANN.</u>	
24d. LOCATION (City, town, or county) (State) <u>NORMANDY, ST. LOUIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gillian Kelly</u> ADDRESS <u>7267 NAT BRIDGE</u>			

DATE REC'D BY LOCAL REG. <u>FEB 8 1950</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Blomby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gillian Kelly</u> ADDRESS <u>7267 NAT BRIDGE</u>	
(Licensed Embalmer's Signature on Reverse Side)					

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

*Ronald Q. Yehuke*

Licensed Embalmer No. *2912*

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.