

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9392

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 1594 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC 4YR-11Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPHS HILL INFIRMARY/EUREKA Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5237 TERRY 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>DANAHY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1950</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1870 FEB. 19 1950</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>1</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TERMINAL R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>PHILIP DANAHY</u>		13b. MOTHER'S MAIDEN NAME <u>KATE FITZPATRICK</u>	14. NAME OF HUSBAND OR WIFE <u>MARY BLAKE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Brother Robt. J. H. Joseph Kiel</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LARGE BOWEL & METASTASIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u> 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	
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>152X</u>
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>4/19</u> , 19 <u>45</u> , to <u>3/24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>50</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Hardee, M.D.</u>		23b. ADDRESS <u>3155 N. VANDEVENTER</u>	23c. DATE SIGNED <u>3/26/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 29 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eureka MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3/26/50</u>	REGISTRAR'S SIGNATURE <u>Max Ruth Jiras</u> 438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Wimmer House Springs Mo</u>	

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

5505

Decedent Embalmer's Seal (Sticker on Reverse Side)
Per John Blumner

MAY 31 1950

DATE RECEIVED 7-3-50
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 _____
Student Embalmer

Signed *John W. Brimmer*
Licensed Embalmer No. *1470*

P. O. Address *House Springs Mo*

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.