

FILED MAY 10 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14609

State File No.

Registrar's No. **3916**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 3916					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			7039				
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hosp.				d. STREET ADDRESS (If rural, give location) 6258 Hoffman Ave.									
3. NAME OF DECEASED (Type or Print) MICHAEL			a. (First) J.			b. (Middle) HENNESSY			c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) April 28 1950													
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 12, 1888		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker			10b. KIND OF BUSINESS OR INDUSTRY Surety Mfg. Co.		11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Hennessy			13b. MOTHER'S MAIDEN NAME Margaret Lee			14. NAME OF HUSBAND OR WIFE Late Helen M. Hennessy							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Margaret Branson							ADDRESS 4725 Fletcher		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ileo Caecum Junction ANTECEDENT CAUSES Cu Second Junction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION 4-27		19b. MAJOR FINDINGS OF OPERATION Complete Obstruction Ileo Caecum Valve.								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) _____			21d. (COUNTY) _____			21e. (STATE) 102X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-28-50 8:30 A.M.		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 12-10, 1949 , to 4-28, 1950 , that I last saw the deceased alive on 4-28, 1950 , and that death occurred at 8:35 P.M. , from the causes and on the date stated above.													
23a. SIGNATURE PB Capel				(Degree or title) D				23b. ADDRESS 3284 Bronck Ave			23c. DATE SIGNED 4-29-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. APR 30 1950		REGISTRAR'S SIGNATURE J. B. Fasater				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser						ADDRESS 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. *4007*

P. O. Address.....

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.