

100-300  
FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14767  
Registrar's No. 3512

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 14767		Registrar's No. 3512	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Lemay		4870			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS 727 Ruprecht Ave.		1			
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) Y.		c. (Last) McNamara		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1909		9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 23	IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Account Executive			10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Joseph D. McNamara			13b. MOTHER'S MAIDEN NAME Emilie Young		14. NAME OF HUSBAND OR WIFE Mrs. Nellie S. McNamara				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War # 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie S. McNamara, 727 Ruprecht 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shivers Postoperative, Acute Toxic hepatitis</i> ANTECEDENT CAUSES <i>Acute Pulmonary atelectasis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Sudden death</i> 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 <i>10 days</i> <i>14 days</i> <i>5 yrs</i>								
19a. DATE OF OPERATION 4-3-50		19b. MAJOR FINDINGS OF OPERATION <i>Sudden death - appendicitis Subacute</i>						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) 5410					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 <i>4-1</i> , 19 <i>50</i> , to <i>4-15</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>4-15</i> , 19 <i>50</i> , and that death occurred at <i>10:23</i> Pm., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Everett J. Javary M.D.</i>				23b. ADDRESS <i>607 N. Grand Blvd</i>			23c. DATE SIGNED <i>4/17/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>April 19, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 17 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS <i>110 Lindell Blvd.</i>			

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

Dr. E. J. Jernick  
Murd. Dept. Bldg.  
Ymer

Ja. 9588

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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 Thomas R. Jernick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.