

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6978**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 570		
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS				
b. CITY OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN RICHMOND HEIGHTS		4495		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSP.				d. STREET ADDRESS (If rural, give location) 1780 BOLAND DR.				
3. NAME OF DECEASED (Type or Print) JOHN T. HALLORAN			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		3 2 51				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 22, 1877		
9. AGE (in years last birthday) 73		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) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY GROCK			11. BIRTHPLACE (State or foreign country) MISSOURI		
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS HALLORAN		13b. MOTHER'S MAIDEN NAME BRIDGET SHATTERY		14. NAME OF HUSBAND OR WIFE ANNE S HALLORAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anne S. Halloran 1780 Boland				
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior Myocardial Infarction ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 days	
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)		4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb 28, 1951 , to Mar 2, 1951 , that I last saw the deceased alive on Mar 1, 1951 , and that death occurred at 7:30 AM from the causes and on the date stated above.								
23a. SIGNATURE James P. Stubbs (Degree or title) 0				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 3-2-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/5/51		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS 140		
DATE REC'D BY LOCAL REG. 3-3-51		REGISTRAR'S SIGNATURE Norbert R. Donko MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Miller 5165 Boland Blvd.				

RWA Licensed Embalmer's Statement on Reverse Side

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

4 days

FILED MAR 8 1951

APR 3 1951

APR 3 1951

Mr. J. Stables
Miss Thelma (Mrs.) 1-3 PM
357 Central

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 Ronald Dyakne

Signed.....

Student Embalmer

Licensed Embalmer No. 3917

P. O. Address Stevens 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.