

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10229

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2819

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2531 Clifton Ave.			e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
3. NAME OF DECEASED (Type or Print) ELLEN			4. DATE OF DEATH (Month) (Day) (Year) Mar. 24 1951		
5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH Feb. 2, 1868		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			9. AGE (In years last birthday) 83		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Ireland		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Martin Gilligan		
13b. MOTHER'S MAIDEN NAME Nora Deviney			14. NAME OF HUSBAND OR WIFE Late Patrick J. Hussey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Eleanor Broeg			ADDRESS 2531 Clifton Ave.		
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum		
INTERVAL BETWEEN ONSET AND DEATH 7 months			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION 10/12/50			19b. MAJOR FINDINGS OF OPERATION Carcinoma Rectum		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
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) _____		
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 Sept 17th, 1950, to March 24th, 1951, that I last saw the deceased alive on 3/22nd, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE J. Gallagher M.D.			23b. ADDRESS 3903 Olive		23c. DATE SIGNED 3/26/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. MAR 26 1951			REGISTRAR'S SIGNATURE J. B. Lassiter		
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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edwin A. M. Perrott*

Licensed Embalmer No. *3024*

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.