

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10322

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2604

| | | | | | | | | | |
|---|--|--|---|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2604 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | | | b. STREET ADDRESS (If rural, give location) 5735 De Giverville Avenue | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Thomas | | b. (Middle) P. | | c. (Last) Lahey | | 4. DATE OF DEATH (Month) (Day) (Year) 3 - 18 - 1951 | |
| 5. SEX Male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 23, 1874 | | 9. AGE (In years last birthday) 76 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain Broker | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Thomas Lahey | | | 13b. MOTHER'S MAIDEN NAME Mary Mc Grath | | | 14. NAME OF HUSBAND OR WIFE Hazel Carter Lahey | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Lahey 5735 De Giverville 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, aneurysm, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) previous " " DUE TO (c) Cardio-vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221 | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 months 3 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION no 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 321K | | | | | |
| 22. I hereby certify that I attended the deceased from 3-17, 1951, to 3-18, 1951, that I last saw the deceased alive on 3-18, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Helen Caudle (Degree or title) | | | | 23b. ADDRESS 609 Humboldt B | | 23c. DATE SIGNED 3-20-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 21/51 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 24d. LOCATION (City, town; or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. MAR 20 1951 | | REGISTRAR'S SIGNATURE J B Larson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd. | | | | | |

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

Number 13267

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. _____

Student
Student Embalmer

Signed Ronald A. Yarbuck

10 81-8 70 11-8

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.