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FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 24566
5683

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Home				d. STREET ADDRESS (If rural, give location) 5301 Page			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Marie		c. (Last) Flaherty		4. DATE OF DEATH (Month) (Day) (Year) June 22 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 18 1881		9. AGE (In years last birthday) 69	10. MONTHS 8	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John Flaherty		13b. MOTHER'S MAIDEN NAME Bridget Kearns		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Flaherty - Kochs Hospital			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage & Epoplexy INTERVAL BETWEEN ONSET AND DEATH 1 wk ANTECEDENT CAUSES Cardio-vascular Disease 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.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION n		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21. HOW DID INJURY OCCUR? fall	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from June 1, 1951 to June 22, 1951 , that I last saw the deceased alive on June 20, 1951 , and that death occurred at 1:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. James J. Langan, Jr. M.D. (Degree or title)				23b. ADDRESS 5803 Plymouthe St. St. Louis, Mo.		23c. DATE SIGNED June 22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) n		24b. DATE 6-25-51		24c. NAME OF CEMETERY OR CREMATORY St. Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 23 1951		REGISTRAR'S SIGNATURE J. B. Basata		25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Niehaus		ADDRESS _____	

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address [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.