

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28300

State File No. _____

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

Registrar's No. **7247**

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo 3</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO. 2019</i> b. COUNTY <i>Wentworth St.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>2249</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. City Hospital</i>		e. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
f. STREET ADDRESS <i>2019th Arsenal St.</i>		g. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Paul</i> b. (Middle) <i>V.</i> c. (Last) <i>Halpin</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 10 51</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 5 - 92</i>
9. AGE (In years last birthday) <i>59</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Self</i>	11. BIRTHPLACE (State or foreign country) <i>Dunn, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>1</i>
13a. FATHER'S NAME <i>Thomas Halpin</i>	13b. MOTHER'S MAIDEN NAME <i>Catherine McGrath</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>457-15-2776</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Addie Halpin 2019th Arsenal St</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) <i>Lobar Pneumonia</i> DUE TO (c) <i>Gastric Hemorrhage</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>490X</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)	
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? <i>Fall</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:00 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Patricia E. Taylor Corcoran</i>		23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>8.14.51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Aug 17</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Wentworth Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson B. Burials. Mo</i>
DATE REC'D BY LOCAL REG. AUG 14 1951	REGISTRAR'S SIGNATURE <i>Paul Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. H. Hoffman 2 7814 S. Broadway</i>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.