

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38933

State File No. ....

FILED DEC 8- 1951

318

1003

Registrar's No. 10612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 6149 West Park	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Driscoll			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1951		
5. SEX M. <input checked="" type="checkbox"/> F. <input type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Jan. 3, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Att. State Hospital		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Timothy Driscoll	13b. MOTHER'S MAIDEN NAME Catherine McFadden	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-34-4554	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Kelly, 6149 West Park	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH  1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <i>Ch. Valvular Heart Disease</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>162X</i>
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22. I hereby certify that I attended the deceased from *Aug-10, 1951*, to *Nov-28, 1951*, that I last saw the deceased alive on *Nov-28, 1951*, and that death occurred at *10 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. W. J. ...</i>	(Degree or title)	23b. ADDRESS <i>8201-50 grand ...</i>	23c. DATE SIGNED <i>11-29-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>	24b. DATE Dec. 1, 1951	24c. NAME OF CEMETERY OR CREMATOR Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. NOV 20 1951	REGISTRAR'S SIGNATURE <i>J. Earl ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.
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(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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James S. Safford* .....

Licensed Embalmer No. 4199 .....

P. O. Address *St. Charles, 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.