

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42641

State File No.

FILED DEC 19 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 220

7923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST CHARLES</u> | | 2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST CHARLES</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST CHARLES</u> | | c. LENGTH OF STAY (In this place) <u>7 YRS</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>ST CHARLES</u> | | d. STREET ADDRESS (If rural, give location) <u>723 CLAY ST. 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOME</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>F</u> c. (Last) <u>HENNESSY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 51</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>2 OCT 1878</u> |
| 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BOND SALESMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>BONDS</u> | 11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO 0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>W H HENNESSY</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELLEN HONG</u> | 14. NAME OF HUSBAND OR WIFE <u>AMELIA HENNESSY</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR JOSEPH MULLIN 5106 GOETHE ST. LOUIS MO</u> |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arterio sclerosis</u> 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 <u>4201</u> | 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) (Min) | 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 <u>12-7</u> , 1951, to <u>12-9</u> , 1951, that I last saw the deceased alive on <u>12-7</u> , 1951, and that death occurred at <u>2 a</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>A. M. Jenkins D. M.D.</u> | | 23b. ADDRESS <u>St Charles, Mo</u> | 23c. DATE SIGNED <u>12-9-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>13 DEC 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u> | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u> |
| DATE REC'D BY LOCAL REG. <u>12-10-51</u> | REGISTRAR'S SIGNATURE <u>Thames Hamilton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Sibley St. Louis 8</u> | |

7/10

File No.
DISTRICT HEALTH OFFICE No. 4

DEC 17 1951

RECEIVED

DEC 27 1951

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



Licensed Embalmer No. 4699

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.