

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44140

~~WED~~ FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10828

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>4121</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>17 Normandy</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural: give location) <u>7626 Natural Bridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>CASSIDY</u> c. (Last) <u>CASSIDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 1 1870</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Unknown O'Connor</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Owen Cassidy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>n</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Thomas W Cassidy</u>		17. ADDRESS <u>Conway Rd.</u>		18. CAUSE OF DEATH	

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) <u>gastroic De Pyloric half (Circum type)</u> <u>gall bladder + 10 nodules</u> DUE TO (b) <u>she myo carditis - she gave up diet</u> DUE TO (c) <u>she gave up diet - Extrem Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 4 yrs</u> <u>7</u>	
ANTECEDENT CAUSES Morbid 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. <u>Extrem senile decline</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>In Dismalculatz Heart Summit Home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>	

22. I hereby certify that I attended the deceased from 16 years, about 12-5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 4:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Luke D. Pierson M.D.</u> (Degree or title)		23b. ADDRESS <u>3784 Jennings Rd</u>		23c. DATE SIGNED <u>12/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 7 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schnur</u>		25. ADDRESS <u>3125 Lafayette</u>	

DATE REC'D BY LOCAL REG. DEC 6 1951 REGISTRAR'S SIGNATURE J. Carl Smith M.D.

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 *Joe Bollmer*

Licensed Embalmer No. *4814*

P. O. Address *3125 Lafayette*

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.