

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6618**  
Registrar's No. **1621**

DECEASED **WAR** 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>18</b> OR <b>TOWN BEL NOR</b> <b>4181</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>2841 MONTEAU</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST ANTHONY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>J.</b> c. (Last) <b>MEAGHER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB, 19, 1952</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3/4/1910</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months Days <b>11</b>	IF UNDER 24 HRS. Hours Min. <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JAMES F. MEAGHER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MAHER</b>	14. NAME OF HUSBAND OR WIFE <b>ROSALIA MEAGHER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>#</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ROSALIA MEAGHER</b>	ADDRESS <b>2841 MONTEAU DR.</b>
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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) <b>nephro-sclerosis (with nitrogenous retention)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>			<b>2 yrs</b>
	DUE TO (c) <b>Essential Hypertension</b>			<b>3 yrs</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? <b>HTTRIX</b>

22. I hereby certify that I attended the deceased from **June 1949** to **Feb 19, 1952**; that I last saw the deceased alive on **Feb 19, 1952**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George A. Sullivan, M.D.</b>	23b. ADDRESS <b>551 N. Schirmer</b>	23c. DATE SIGNED <b>2-20-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/22/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>FEB 20 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b>	ADDRESS <b>4600 NATURAL BRIDGE AVE</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1763

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Albert Mayfield*

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address *St. Louis 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.