

FILED MAY 27 1952

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17860

State File No. 3969  
Registrar's No. 3969

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 Mo. b. COUNTY St. Louis		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 0-WKS.	b. CITY OR TOWN Kirkwood		4693
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			d. STREET ADDRESS (If rural, give location) 479 N. Taylor Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Colleran		c. (Last) Colleran	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1952					
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. D.	8. DATE OF BIRTH Dec. 3, 1893	9. AGE (In years) 58	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		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 John Colleran		13b. MOTHER'S MAIDEN NAME Catherine Leonard		14. NAME OF HUSBAND OR WIFE	
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. 498-26-8698		17. INFORMANT'S SIGNATURE OR NAME Mrs. Everett Hunkins, 7301 Westmoreland Pl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 WK.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		Cerebral Arteriosclerosis & Gen. Arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 23.2X	
22. I hereby certify that I attended the deceased from March 3, 1952, to Apr 26, 1952, that I last saw the deceased alive on Apr 26, 1952, and that death occurred at 4:40 PM, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Deborah M. Gaden, M.D.</i>			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 4-27-52
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
DATE REC'D BY LOCAL REG. APR 28 1952		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Arthur J. Donnelly 3840 Lindell Blvd.</i>	

m 98 (Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1964

**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 [Signature]

Licensed Embalmer No. 4199

P. O. Address A. Charles Mc

**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.