

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18263**  
**3198**  
Registrar's No. \_\_\_\_\_

FILED JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>   |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> <b>2209</b>                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>City Hospital #1</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>20 2346a Howard St.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Nellie</b><br>b. (Middle)<br>c. (Last) <b>McCann</b>   |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Apr. 4 1952</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Dec. 25, 1886</b>                           |
| 9. AGE (In years last birthday) <b>65</b>  |                                  | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HRS.<br>Hours Min.                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b> |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13a. FATHER'S NAME<br><b>James O'Brien</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Mary Noonan</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Joseph Mc.Cann</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mr. Joseph Mc. Cann, 2346a Howard</b>  |                                  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b>  |                                  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |                                  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| *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<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Acute Pneumonia</b>   |                                  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (Min.)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  |
| 21f. HOW DID INJURY OCCUR?<br><b>490X</b>  |                                  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:00 A.M.</b> , from the causes and on the date stated above. |                                  |   |  |
| 23a. SIGNATURE<br><b>Joseph M. Quinn, M.D.</b>   |                                  | 23b. ADDRESS<br><b>1300 Clark</b>   |  |
| 23c. DATE SIGNED<br><b>4/5/52</b>  |                                  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>4-7-1952</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>APR 5 1952</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith, M.D.</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Cullinane Bros.</b>   |                                  | ADDRESS<br><b>3320 N. Kingshighway</b>  |  |

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 *Fred Frick* .....

Licensed Embalmer No. 3186 .....

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.