

No. 300
10-48THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37109

State File No.

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2591

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	c. LENGTH OF STAY (In this place) <u>2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>4109?</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Shirford Lane</u>		d. STREET ADDRESS (If rural, give location) <u>15 Shirford Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>A.</u> c. (Last) <u>Neary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1952.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 14, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pullman Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Christopher Neary</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Dolan</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Neary</u>		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Alice Dickmann, Ferguson, Mo.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>over 1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Bladder & metastasis</u>	ANTECEDENT CAUSES	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. <u>None</u>	

19a. DATE OF OPERATION <u>Sept 57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cystectomy & Transplant of uterus</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 18 Apr. 1952 to 7 Oct. 1952, that I last saw the deceased alive on 15 Sept. 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugene W. Hall, M.D.</u>		23b. ADDRESS <u>25th So Florissant</u>		23c. DATE SIGNED <u>8 Oct 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/9/52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.</u>		
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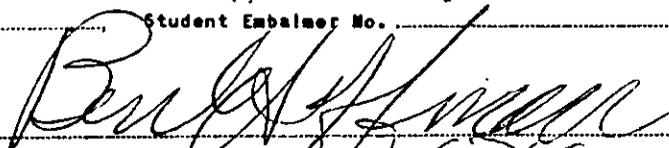
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

Licensed Embalmer No. _____

P. O. Address _____

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.