

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37160

BIRTH NO. 23649 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2612

| | | | | | | | |
|--|--|--|------------------------------|--|-----------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY OR TOWN Richmond Heights | | c. LENGTH OF STAY (In this place) 1 DAY | | c. CITY OR TOWN St. Louis | | 2969 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | | d. STREET ADDRESS (If rural, give location) 1375 Granville Place | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Baby | | | b. (Middle) Meehan | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1952 |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH Oct. 8, 1952 | |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY INFANT | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Daniel Meehan | | 13b. MOTHER'S MAIDEN NAME Bernice Olson | |
| 14. NAME OF HUSBAND OR WIFE NONE | | 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. 3-4-43-434 | | 17. INFORMANT'S SIGNATURE OR NAME Daniel Meehan | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - | | | | INTERVAL BETWEEN ONSET AND DEATH 2 Hours | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776X | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 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 _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Jackson G. O'Neil | | | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 10/10/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-10-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. 10-10-52 | | REGISTRAR'S SIGNATURE Herbert R. Donke MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. | | ADDRESS 3320 N. Kingshighway | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Fred Frick

Signed.....

Student Embalmer

NOT EMBALMED

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.