

DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40136

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10974**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4739 St. Louis Ave.		b 4739 St. Louis Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) J. c. (Last) Dohoney			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Dohoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-01-4232		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Dohoney 4739 St. Louis Ave	
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18. CAUSE OF DEATH Enter only one cause per box (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 2 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) uremia arteriosclerosis nephritis DUE TO (c) arteriosclerosis chest disease 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"/>	

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? 446 x	

22. I hereby certify that I attended the deceased from **Nov 12, 1952** to **Nov 27, 1952**, that I last saw the deceased alive on **Nov 12, 1952**, and that death occurred at **4:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Verdame		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 11-27-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/52		24c. NAME OF CEMETERY OR CREMATORY CALVEY Memorial Park St. Louis Mo.	
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DATE REC'D BY LOCAL REG. NOV 29 1952		REGISTRAR'S SIGNATURE J. Earl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave	
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(Licensed Embalmer's Statement on Reverse Side)

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

Can't be read

Mr. Yerkes

Hulliver - Funeral
2849 N. Euclid
No. 5911

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 Elton R. Resnick

Licensed Embalmer No. 4283

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 40136-59
Local Registrar's No. 10974

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

for John J. Bohoney, who, upon _____ oath, states that the original record of birth death
died 11-27-, 1957, in the State of
born _____, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 24C should read Memorial Park Cemetery

Instead of _____ Calvary

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

William Prosky, M.D.
Relationship.

2849 N. Euclid

Present Address.

Subscribed and sworn to before me this 23 day of Dec., 1953

My Commission expires 3-4-53

Paul C. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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