

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40491

State File No. ....

FILED DEC 12 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 10824

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 (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 University City		4326			
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If rural, give location) 1164 Ursula Ave.					
3. NAME OF DECEASED a. (First) (Type or Print) Mamie		b. (Middle) E.		c. (Last) McNamara			
4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 1952		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 2 1872		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jacksonville Ill.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Pat Hogan		13b. MOTHER'S MAIDEN NAME Mary Eloias			
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Phillip McNamara		ADDRESS 1164 Ursula Ave.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular disease</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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 4221			
22. I hereby certify that I attended the deceased from <i>Oct 20, 1952 to Nov 23, 1952</i> , that I last saw the deceased alive on <i>Nov 23, 1952</i> , and that death occurred at <i>1:20 P.M.</i> from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <i>Herce J. Keilly, M.D.</i>		23b. ADDRESS <i>130 Henderson Ave</i>		23c. DATE SIGNED <i>11/24/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/26/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			
24d. LOCATION (City, town, or county) (State) Jacksonville, Ill.		DATE REC'D BY LOCAL REG. NOV 25 1952		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>			
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan's</i>		ADDRESS 2849 N. Euclid Ave.					

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

NOV 25 1952

(Licensed Embalmer's Statement on Reverse Side)

**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 J W<sup>m</sup> Bentley

Licensed Embalmer No. 3653

P. O. Address SA Lein

**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.