

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41013

State File No.

S. No. 300
Ev. 10.48

FILED DEC 2 1952

317

PRIMARY REG. DIST. NO. 547 Registrar's No. 2996

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|---|----------------------------------|---|---|--|--|--|---------------------------------|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 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) Richmond Heights | | | c. LENGTH OF STAY (in this place) 2 weeks | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | | d. STREET ADDRESS (If rural, give location) 6 4941a St. Louis Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Catherine | | b. (Middle) (Kate) | | c. (Last) Hennessey | |
| 4. DATE OF DEATH | | (Month) Nov. | | (Day) 20 | | (Year) 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 25 1864 | | 9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Patrick Powers | | 13b. MOTHER'S MAIDEN NAME Mary Walsh | | 14. NAME OF HUSBAND OR WIFE Thomas Hennessey | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mazie Hennessey 4941a St. Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Renal Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility DUE TO (b) | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X | | 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) (m.) | |
| 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 Nov 6 , 19 52 to Nov. 20 , 19 52 , that I last saw the deceased alive on Nov 20 , 19 52 , and that death occurred at 4:00A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) John A. Sterling M.D. | | | | 23b. ADDRESS 7266 Manchester | | 23c. DATE SIGNED 11/21/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/22/52 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. 11-21-52 | | REGISTRAR'S SIGNATURE Hubert R. Domb... | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid Ave. | | | |

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 *Robert L. Benkman*

Licensed Embalmer No. *3553*

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.