

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41023**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3036**

005
0

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

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1-day		d. STREET ADDRESS (If rural, give location) 6049 McPherson Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) F. c. (Last) Meagher		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1952	
--	--	---	--

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	8. DATE OF BIRTH Nov. 22, 1871	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 0 Days 1	11. UNDER 24 HRS. Hours 1 Min. _____
------------------	----------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain-Inspector		10b. KIND OF BUSINESS OR INDUSTRY Inspecting		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
---	--	--	--	---	--	---	--

13a. FATHER'S NAME Michael Meagher		13b. MOTHER'S MAIDEN NAME Mary Delaney		14. NAME OF HUSBAND OR WIFE Nora Meagher			
--	--	--	--	--	--	--	--

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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John E. Carroll, 6047 McPherson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 153X							

19a. DATE OF OPERATION 10/20/52		19b. MAJOR FINDINGS OF OPERATION Ca. of Colon				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 **June, 1952**, to **Nov 23, 1952**, that I last saw the deceased alive on **11-23, 1952**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas W. Markis MD (Degree or title)		23b. ADDRESS 634. No Grand		23c. DATE SIGNED 11-24-52	
--	--	--------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 26, 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. 11-25-52		REGISTRAR'S SIGNATURE Hubert R. Domb		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
---	--	--	--	---	--	--------------------------------------	--

(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 Francis Williamson

Licensed Embalmer No. 3565

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.