

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3006

State File No. ....

FILED FEB 3 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0857

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 4527 Forest Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Walton Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>19 4527 Forest Park Bl.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Jane</u> c. (Last) <u>O'Donoghue</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23rd 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 13, 1876</u>
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>10</u>	11. YEARS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>O'Donoghue</u>		13b. MOTHER'S MAIDEN NAME <u>Pittsman</u>	
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT'S SIGNATURE OR NAME <u>James Coffey</u>	
18. ADDRESS <u>10016 S. Talman Chicago, Ill.</u>		19. ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) 2. 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 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		4222	
22. I hereby certify that I attended the deceased from <u>Jan 19</u> , 19 <u>53</u> , to <u>Jan 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>53</u> and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>O. D. Meyer M.D.</u>		23b. ADDRESS <u>6029 S. Kingshighway Bl.</u>	
23c. DATE SIGNED <u>Jan 24 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Uniontown Missouri Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith</u>	
DATE REC'D BY LOCAL REG. <u>JAN 26 1953</u>		ADDRESS <u>40 Bull-Campbell Mortuary 4215 Lindell St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*Re E Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St Louis 8 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.