

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

State File No. \_\_\_\_\_  
Registrar's No. **5563**

FILED JUN 20 1953  
REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Venice</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8120 8120 810 W 3rd street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Hallisey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-2-53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>11-7-1887</b>
9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR Months	10. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Hallisey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth O'Neill</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude Hallisey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>yes WW#1</b>		16. SOCIAL SECURITY NO. <b>355-16-4122</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Power, Venice Ill.</b>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>st. pneumonia, st. lung</b> ANTECEDENT CAUSES <b>Bronchitis, recurrent</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pneumonia, right</b> DUE TO (c) 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 checked="" 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?			
22. I hereby certify that I attended the deceased from <b>5/28/53</b> , 19 <b>53</b> , to <b>6/2/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>6/2/53</b> , 19 <b>53</b> , and that death occurred at <b>4:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert Potashnick M.D.</b>		23b. ADDRESS <b>508 N. Grand</b>	
23c. DATE SIGNED <b>6/4/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>6-3-53</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Madison, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Lahey F.H.</b>		ADDRESS <b>Madison, Ill.</b>	

st. pneumonia started in injured

491X

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.....  
Signature of Student Embalmer

Signed.....  
*J. Allen Davis*

Licensed Embalmer No.....  
406

P. O. Address.....  
St. L.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.