

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30019

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7804**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2067</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		6. STREET ADDRESS (If rural, give location) <b>5542 Hebert St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bridget</b> b. (Middle) <b>Hackett</b> c. (Last) <b>Hackett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 20 1885</b>	9. AGE (In years last birthday) <b>68</b> If UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Co. Kerry, Ireland 4</b>	
13a. FATHER'S NAME <b>Daniel Quinlan</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret O'Connor</b>		14. NAME OF HUSBAND OR WIFE <b>Patrick Hackett, (decd)</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Llewellyn, 5542 Hebert St.</b>	
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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) <b>Carcinoma of sigmoid &amp; peritoneum</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Secondary peritonitis</b> 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 <b>2 wks</b>	
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19a. DATE OF OPERATION <b>July 26-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma sigmoid with peritonitis - General peritonitis</b>		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) <b>153X</b>	
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 **July 26, 1953**, to **Aug 8, 1953**, that I last saw the deceased alive on **Aug 8, 1953**, and that death occurred at **10:20Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Regina O'Malley MD</b>		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>8-10-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-11-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>AUG 10 1953</b>		REGISTRAR'S SIGNATURE <b>J. Cullinane MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>	
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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.....  
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No.....3186

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.