

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30022

State File No. \_\_\_\_\_  
Registrar's No. **7709**

FILED AUG 31 1953

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|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>2109</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>St. Louis</b>   |                                  | c. CITY OR TOWN<br><b>St. Louis</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4042 Greer Ave.</b>  |                                  | e. STREET ADDRESS (If rural, give location)<br><b>10 4042 Greer Ave.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Bridget</b>   |                                  | a. (First)<br><b>Bridget</b>   | b. (Middle)<br><b>Haley</b>  |
| c. (Last)<br><b>Haley</b>  |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Aug. 5, 1953</b>   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   | 8. DATE OF BIRTH<br><b>Feb. 22, 1876</b>   |
| 9. AGE (In years last birthday)<br><b>77</b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Ireland</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |                                  | 13. FATHER'S NAME<br><b>Thomas Halloran</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Coyne</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Patrick</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Margaret Houlihan</b>  |                                  | ADDRESS<br><b>4042a Greer Ave.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Trillitation</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>19 days</b>   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Malignant Hypertension</b><br>DUE TO (c) <b>Diabetes Mellitus</b>                             |                                  | <b>3 yrs.</b><br><b>3 yrs.</b>   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Carcinoma of Rectum</b>  |                                  | <b>6 mos</b>   |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>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)<br><b>260X</b>   |  |
| 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 <b>Jan 5, 1950</b> , to <b>Aug 5, 1953</b> , that I last saw the deceased alive on <b>August 19, 1953</b> and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br><b>James M. Brown M.D.</b>   |                                  | (Degree or title)  |  |
| 23b. ADDRESS<br><b>1303 N. Kings Highway</b>   |                                  | 23c. DATE SIGNED<br><b>Aug 6 - 1953</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>8-8-53</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>AUG 6 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Morrell Funeral Home</b>  |                                  | ADDRESS<br><b>4212 St. Louis</b>   |  |

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 *Elton R. Remelmer* .....

Licensed Embalmer No. *728* .....

P. O. Address *St. Louis,* .....

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.