No. 300
10.48

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32877

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8577

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY

c. CITY OR TOWN: St. Louis Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): 2423 Bacon St. 2119

3. NAME OF DECEASED (Type or Print)
a. (First) Dominick
b. (Middle) Joseph
c. (Last) Beirne

4. DATE OF DEATH (Month) 9 (Day) 1 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH April 20, 1879

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner

10b. KIND OF BUSINESS OR INDUSTRY Clayton Garders

11. BIRTHPLACE (City and State or Foreign Country) Ireland

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Patrich Beirne

13b. MOTHER'S MAIDEN NAME Annie Moffitt

14. NAME OF HUSBAND OR WIFE Margaret Madden Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Dominic Beirne 877 Canaan ave. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Fracture of skull 2. Brain injury suffered in fall in alley

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) in rear of 2502 N. Grand

DUE TO (c) Ave. About 11:28 P.M. August 15, 1953 Accident

INTERVAL BETWEEN ONSET AND DEATH

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 ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street

21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE) Mo.

21d. TIME OF INJURY (Month) 8/15/53 (Day) (Year) (Hour) 11:28 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? See above E9045

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3.25 P m., from the causes and on the date stated above.* 45

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 9.3.53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-5-53

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. SEP 3 1953 ~~SEP 3 1953~~

REGISTRAR'S SIGNATURE J. Carl Smith MD MDB

25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 N. Euclid ave ADDRESS

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L. Brinkma

Licensed Embalmer No. 3553

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.