

STANDARD CERTIFICATE OF DEATH

State File No. 40267

FILED DEC 10 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11494

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2120 Wyoming		e. STREET ADDRESS (If rural, give location) 24 2120 Wyoming	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) T c. (Last) CARAGHER		4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 26 1881
9. AGE (In years last birthday) 72 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Kaskaska Ill
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Jacob Woodley		13b. MOTHER'S MAIDEN NAME Mary Buyatte	14. NAME OF HUSBAND OR WIFE Thomas P Caragher
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 ADDRESS Thomas P Caragher 2120 Wyoming
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>See back page</i> <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Omentum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6-1-53		19b. MAJOR FINDINGS OF OPERATION Large mass involving all of omentum	
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? 158X			
22. I hereby certify that I attended the deceased from 5-5-53, 19, to 12-3-1953, that I last saw the deceased alive on 12-1-53, 19, and that death occurred at 11:15 AM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas M. D. O.		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 12.4.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 7 1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. DEC 4 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette	

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.....

Licensed Embalmer No. 4914

P. O. Address 3125 Fabyett

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 40267

State of _____ } ss.

County of _____ }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11494

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death

for Mary T. Caragher died 12-3-53 born _____, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read Sept. 26. 1881

Instead of _____ 1882

Item No. 9 should read age 72

Instead of _____ 71

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thomas P. Caragher ^{Prof.}
Relationship.

2120 Wyoming
Present Address.

Subscribed and sworn to before me this 3-4-57 " _____ day of _____, 1953

My Commission expires _____ Notary Public.

ANNALS CONTAINING RECORDS

