

STANDARD CERTIFICATE OF DEATH

State File No. **40347**

FILED NOV 19 1953

318

1003

Registrar's No. **10431**

| | | | | | | | | | |
|---|-------------------------------|---|---|---|---|--|----------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6303 Nottingham | | | | e. STREET ADDRESS (If rural, give location) 6352 Lansdowne | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| Mary Elizabeth Dee | | | | | | | | Nov. 2, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 27, 1879 | | 9. AGE (In years last birthday) 74 | # UNDER Months 4 | 1 YEAR Days 5 | # UNDER 24 Hrs. Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Ireland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Patrick Reaney | | | 13b. MOTHER'S MAIDEN NAME Margaret Crane | | | 14. NAME OF HUSBAND OR WIFE John T. Dee | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME John T. Dee | | ADDRESS 6352 Lansdowne Ave. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | | | | | 5 months | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES arteriosclerosis | | | | | | 5 years | |
| | | DUE TO (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 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | | | |
| 22. I hereby certify that I attended the deceased from June 1951 , to Nov 2, 1953 , that I last saw the deceased alive on 11/1 , 1953, and that death occurred at 6:15 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE John J. Hennelly, M.D. | | | | 23b. ADDRESS 16 Hampton | | 23c. DATE SIGNED 11/2/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 4, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | |
| DATE REC'D BY LOCAL REG. NOV 3 1953 | | REGISTRAR'S SIGNATURE Carl Smith, M.D. | | | | | | | |
| | | REG. 1953 | | GENERAL DIRECTOR'S SIGNATURE W. J. Smart | | ADDRESS 1225 Union | | | |

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 *Melvin L. Kempfer*

Licensed Embalmer No. *405*

P. O. Address *3505 O
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.