

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 0-MON.		e. STREET ADDRESS (If rural, give location) 3970 Lafayette Ave. 21790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Amy b. (Middle) R. c. (Last) Hourigan		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1954	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH July 20, 1886-
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME William P. Haourigan	13b. MOTHER'S MAIDEN NAME Emma Roberts	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William Hourigan, 6900 Melrose Ave. U.C.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <i>Parkinson's disease of the central nervous system</i>		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <i>Fracture of femur in December 1953</i>		

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 <i>St. Louis Mo. 775</i>	
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	350XF

22. I hereby certify that I attended the deceased from *Apr. 53*, to *21 July 54*, that I last saw the deceased alive on *21 July, 1954*, and that death occurred at *8:58 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Richard D. Jones MD</i>	23b. ADDRESS <i>3720 Washington</i>	23c. DATE SIGNED <i>23 July 54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. JUL 23 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Walter J. Donnelly</i>	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File to Patrick Taylor, Coroner  
Generally for O.K.

803 7111

**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 Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840 Lin

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.