

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28899**
6492

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6492					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS			c. LENGTH OF STAY (In this place) 2 WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS #505							
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				d. STREET ADDRESS (If rural, give location) 1064 E LINDEN							
3. NAME OF DECEASED (Type or Print) HELEN		a. (First) YORE		b. (Middle) HENNESSY		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1954			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 13, 1889		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS			12. CITIZEN OF WHAT COUNTRY? U. S. A			
13a. FATHER'S NAME JAMES YORE			13b. MOTHER'S MAIDEN NAME ALICE KELLY			14. NAME OF HUSBAND OR WIFE JAMES H HENNESSY					
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. 889-18-3182		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES H HENNESSY 1064 E LINDEN						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac - Thrombosis									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure									
		DUE TO (c)									
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 443X						
22. I hereby certify that I attended the deceased from 6:26 1954 , to 7:14 1954 , that I last saw the deceased alive on 7-14 1954 , and that death occurred at 6 p m. , from the causes and on the date stated above.											
23a. SIGNATURE Edmund C. Smith (Degree or title)					23b. ADDRESS 3720 Washington			23c. DATE SIGNED 7/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/17/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JUL 16 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 8895 BRENTWOOD					

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

CLAYTON

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
Student Embalmer

Signed Frank G. Brown

Licensed Embalmer No. 3041

P. O. Address 21173 Broad

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 this body is not embalmed, fact should be so stated above.