

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29082

Registrar's No. 7410

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY Missourib. 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL e. STREET ADDRESS (If rural, give location) 3225 Montgomery St. 2190

3. NAME OF DECEASED a. (First) Thomas b. (Middle) M. c. (Last) TIGUE 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 7, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH July 17, 1867 9. AGE (In years last birthday) 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John McTigue 13b. MOTHER'S MAIDEN NAME Catherine Green 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME Mr. Baker ADDRESS 2331 Mullanphy St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral staphylococcal bronchopneumonia
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition & debility, advanced generalized arteriosclerosis & senility, chronic diabetes & moderate congestive heart failure, chronic bronchectasis, left lung lobe19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 491X

22. I hereby certify that I attended the deceased from 7-29-54, 19, to 8-7-54, 19, that I last saw the deceased alive on 8-7-54, 19, and that death occurred at 10:05P m., from the causes and on the date stated above.

23a. SIGNATURE Joseph McTigue Jr. (Degree or title) MD 23b. ADDRESS St. Louis City Hospital #1 23c. DATE SIGNED 8 Aug 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8-11-54 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. AUG 10 1954 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly ADDRESS 4386 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 *Elton R. Umelino*.....

Licensed Embalmer No. *428*.....

P. O. Address *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.