

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32552**

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. **717** PRIMARY REG. DIST. NO. **547** Registrar's No. **2274**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1263 Arch Terrace		e. STREET ADDRESS (If rural, give location) 1263 Arch Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret	b. (Middle) E.	c. (Last) Meehan	4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1954
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Dec. 23, 1903	9. AGE (In years) (last birthday) 50	IF UNDER 1 YEAR (Months) 8	IF UNDER 24 HRS. (Day) 37	IF UNDER 1 MIN. (Hours) 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at-home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Robert Cope	13b. MOTHER'S MAIDEN NAME Margaret Webster	14. NAME OF HUSBAND OR WIFE Mr. John B. Meehan
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John B. Meehan, 1263 Arch Terrace
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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 7 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum with metastases to Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Metastases to Liver		
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 2/20/54 - Carcinoma of Cecum with Liver metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-18, 1954**, to **9-20, 1954**, that I last saw the deceased alive on **9-20, 1954**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph J. Donnelly M.D.	23b. ADDRESS 634 McManis	23c. DATE SIGNED 9-21-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 9/22/54	REGISTRAR'S SIGNATURE Robert R. Ambrose	5. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly	ADDRESS 3810 Lindell Blvd.
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(Licensed Embalmer's Signature on Reverse Side)

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

