

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32635

State File No.

4000

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2193

1. PLACE OF DEATH a. COUNTY <u>Lemay St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived? If institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEMAY</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1419 N. 8th St 2259</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>J.</u> c. (Last) <u>Beirne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-28-1899</u>
9. AGE (In years last birthday) <u>54</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Chauffeur</u>	10a. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>James Beirne</u>	13b. MOTHER'S MIDDLE NAME <u>Anna Weir</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Marie Beirne</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <u>No</u> (If yes, give branch, dates of service) <u>W.W. I</u>	16. SOCIAL SECURITY NO. <u>94-41-9044</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Catherine Marie Beirne 1419 N. 8th St</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension & metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Pulmonary Tuberculosis FA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>2 years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	<u>180XA</u>
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?	
22. I hereby certify that I attended the deceased from <u>1 July</u> , 19 <u>53</u> , to <u>13 Sept</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>13 Sept</u> , 19 <u>54</u> , and that death occurred at <u>3:25 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. McLean M.D.</u>		23b. ADDRESS <u>9101 S. Broadway</u>	23c. DATE SIGNED <u>14 Sept 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
DATE REC'D BY LOCAL REG. <u>9-15-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombk</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCullinane Bros. 3320 N. Kingshighway</u>	

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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.....
Fred Truck

Licensed Embalmer No. *3186*

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.