

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 88819
10374

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).
STATE **Missouri**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**

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 (If not in hospital or institution, give street address or location)
De Paul Hospital

f. STREET ADDRESS (If rural, give location)
25 1208 Franklin Av

3. NAME OF DECEASED
a. (First) **James** b. (Middle) **Eugene** c. (Last) **Healy**

4. DATE OF DEATH (Month) (Day) (Year)
Nov 14 54

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Dec. 20, 1878

9. AGE (In years last birthday) **75**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Freight Handler

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Dublin, Ireland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME
John Healy

13b. MOTHER'S MAIDEN NAME
Margaret Unknown

14. NAME OF HUSBAND OR WIFE
Ida Mae Healy

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.
Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ida Mae Healy, 1208 Franklin

MEDICAL CERTIFICATION
18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease.**
ANTECEDENT CAUSES
Morbidity 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 **none**

INTERVAL BETWEEN ONSET AND DEATH
don't know.

19a. 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **11-2-54**, 19**54**, to **11-14-54**, 19**54**, that I last saw the deceased alive on **11-13-54**, and that death occurred at **1:35a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Walter H. Sporenmark

23b. ADDRESS
1515 St. Louis

23c. DATE SIGNED
11-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
11-15-54

24c. NAME OF CEMETERY OR CREMATORY
Lutesville, Mo.

DATE REC'D BY LOCAL REG. **NOV 15 1954**
REGISTRAR'S SIGNATURE
Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe, 4700 Washington

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 *W. Wilkin*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. Row*.....

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.