

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39000

FILED NOV 22 1954

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10128

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10128 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | | e. STREET ADDRESS (If rural, give location) 6020 Waterman Ave. 20590 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Roderic | | b. (Middle) E. | | c. (Last) McQueeny | |
| 4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1954 | | 5. SEX M. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. | |
| 8. DATE OF BIRTH Feb. 7, 1883 | | 9. AGE (In years) (last birthday) 71 | | IF UNDER 1 YEAR Months 0 | | IF UNDER 1 HOUR Hours 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interviewer, State Employment Office | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME John McQueeny | | 13b. MOTHER'S MAIDEN NAME Unknown Unknown | | 14. NAME OF HUSBAND OR WIFE Mrs. Marie McQueeny | | | |
| 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. 489-03-1116 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie McQueeny, 6020 Waterman Ave. | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 7, 1954</u> to <u>Nov. 7, 1954</u> , that I last saw the deceased alive on <u>Nov. 7, 1954</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Joseph Sporn, M.D.</i> | | | | 23b. ADDRESS 462 N. Taylor | | 23c. DATE SIGNED 11/8/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 10, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. NOV 8 1954 | | REGISTRAR'S SIGNATURE <i>Charles Smith</i> | | FEDERAL DIRECTOR'S SIGNATURE <i>W. J. Donnelly</i> | | ADDRESS 3840 Lindell Blvd. | |

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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Len*.....

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.