

FILED DEC 17 1954

STANDARD CERTIFICATE OF DEATH

42442

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11147**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) **56-yrs.**  
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 **5978 North Pointe** e. STREET ADDRESS (If rural, give location) **5978 North Pointe** **2079**  
**7**

3. NAME OF DECEASED a. (First) **John** b. (Middle) **D.** c. (Last) **Healy** 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 6, 1954**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M.** 8. DATE OF BIRTH **June 17, 1882** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR **5** Months IF UNDER 24 HRS. **19** Hours **Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fireman-St. Louis Fire Dept.** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Ireland** **4** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Dennis Healy** 13b. MOTHER'S MAIDEN NAME **Catherine Devine** 14. NAME OF HUSBAND OR WIFE **Mrs. Nora Healy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Nora Healy** ADDRESS **5978 North Pointe 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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of bladder** INTERVAL BETWEEN ONSET AND DEATH **3 yrs**  
ANTECEDENT CAUSES **Arterio Sclerosis** **4 yrs**  
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.

19a. DATE OF OPERATION **Dec 19 1954** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of the Prostate** 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? **177X**

22. I hereby certify that I attended the deceased from **July 9, 1954** to **12/6/54**, 19**54**, that I last saw the deceased alive on **Dec 4**, 19**54**, and that death occurred at **9:42 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Martin J. Glover M.D.** (Degree or title) 23b. ADDRESS **586 Olive St.** 23c. DATE SIGNED **12/6/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **Dec. 9, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo. (County)**

DATE REC'D BY LOCAL REG. **DEC 7 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE **Arthur J. Nonnelly** 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 me..... Student Embalmer No.....

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Francis Williams..... 350  
~~W. Williams~~

Licensed Embalmer No. 466

P. O. Address 3840 Fern

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.