

FILED DEC 18 1956

STANDARD CERTIFICATE OF DEATH

42909
State File No. 10517

| | | | | | | | |
|--|----------------------------------|--|---|--|--|---|------------------------------------|
| 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). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | e. STREET ADDRESS (If rural, give location) 2147c 6352 Lansdowne Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | b. (Middle) T. | | c. (Last) Dee | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 13, 1874 | | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Days 6 | IF UNDER 24 HRS. Hours 3 |
| 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bookman | | 11. KIND OF BUSINESS OR INDUSTRY St. Louis Police Dept. | | 11. BIRTHPLACE (City and State or Foreign Country) Ireland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Dee | | 13b. MOTHER'S MAIDEN NAME Margaret Fitzgerald | | 14. NAME OF HUSBAND OR WIFE Mary E. | | | |
| 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 John Dee 6255 Walsh 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Biliary Cirrhosis 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 581:0 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | | 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 July 1953 , to Nov. 16, 1956 , that I last saw the deceased alive on Nov 15, 1956 , and that death occurred at 1:05P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John J. Hennessy M.D. | | | | 23b. ADDRESS 16 Hampton Village | | 23c. DATE SIGNED 11/16/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/19/56 | 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 19 1956 | | REGISTRAR'S SIGNATURE Carol Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart | | ADDRESS 1225 Union Bl. | |

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 *Malvin L. Kemper*.....

Licensed Embalmer No. *405*.....

P. O. Address *2505 Pa
St. Louis 20*.....

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.