

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44260

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 544 Registrar's No. 2822

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 Cleveland Ave.</u>		c. CITY OR TOWN <u>Kirkwood</u> <u>4683d</u>	
		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>618 Cleveland Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>ANNA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1956</u>		
a. (First)	b. (Middle)	c. (Last) <u>MIGNERON</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 25, 1865</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>County Limerick, Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Patrick Quirk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hill</u>		14. NAME OF HUSBAND/OR WIFE <u>Louis Migneron</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Hamilton</u> ADDRESS <u>618 Cleveland, Kirkwood, Mo.</u>	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cerebral Hemorrhage			3 days
ANTECEDENT CAUSES		Arteriosclerosis			years
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		19b. MAJOR FINDINGS OF OPERATION		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) (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 9-3-47, 19  , to 11-28-56, 19  , that I last saw the deceased alive on 11-28-56, 19  , and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Hamilton</u>		23b. ADDRESS <u>204 E. Big Bend</u>		23c. DATE SIGNED <u>11-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-30-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Papp, Inc. Kirkwood Mo.</u> ADDRESS _____	
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(Licensed Embalmer's Department on Reverse Side)

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 J. [Signature]*.....

Licensed Embalmer No. *4574*.....

P. O. Address *[Signature]*.....

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.