

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7022409
STATE FILE NUMBER
6020

FILED JUL 11 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar

Use only standard related information for completion of this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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, give TOWNSHIP only) Inside Limits OR TOWN* St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Bapt. Hospt. Length of stay in 1b 20 1/2		d. STREET ADDRESS (If outside, give location) 5890a Kennerly Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lawrence Middle J Last Carmody			4. DATE OF DEATH Month 6 Day 26 Year 57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-29-1896
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Supt.		10b. KIND OF BUSINESS OR INDUSTRY Const. Co.	11. BIRTHPLACE (City and state or country) Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Simon L Carmody	
14. MOTHER'S MAIDEN NAME Catherine Dunsworth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1	
16. SOCIAL SECURITY NO. Unk		17. INFORMANT Helen Carmody 5890a Kennerly Ave. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 26 Sept '52 to 26 June 57 and last saw her/him alive on 26 June 57 Death occurred at 9:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) T. S. Drake MD		22b. ADDRESS 114 N. Taylor St. Louis 8	
22c. DATE SIGNED 28 June 57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6-29-57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE	
24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiamont ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 28 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

Je. 1-9457

Dr Truman Drake

116 N. Taylor

Je. 3 8600

PM

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.....
John Shless

Licensed Embalmer No. *411*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.