

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42197  
STATE FILE NUMBER  
11327

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11327

|   |                               |   |  |   |   |
|---|-------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Missouri.</u>  |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>St. Louis</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>   |                               | Length of stay in 1b  | STREET ADDRESS (If outside, give location)<br><u>2626a Union Blvd.,</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Daniel</u> Middle <u>E.</u> Last <u>Kearney</u>  |                               |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>23</u> Year <u>1957</u>   |   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>October 29, 1900</u>  | 9. AGE (In years last birthday) <u>57</u>           | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Steamfitter</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>  | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri.</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>       |   |
| 13a. FATHER'S NAME<br><u>Peter Kearney</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Briaget Unknown</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Marie Kearney</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W.I</u>   |                               | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><u>Marie Kearney, 2626a Union Blvd.,</u>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma sigmoid</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>153x</u> |                               |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs.</u>                                     |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.   |                               |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>1953</u> to <u>Nov-23 1957</u> and last saw <u>him</u> alive on <u>Nov 22, 1957</u><br>Death occurred at <u>5:15 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>John J. Shearer M.D.</u>   |                               |   | 22b. ADDRESS<br><u>3720 Washington</u>   |   | 22c. DATE SIGNED<br><u>11-23-57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |                               | 23b. DATE<br><u>11-25-57</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri.</u>          |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Harrigan &amp; Sheahan, 4700 Washington Blvd.,</u>   |                               |   | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 25 57</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith M.D.</u>                                |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Robert M. Murray*  
3749  
Licensed Embalmer No. ....  
P. O. Address *St. Louis, Mo*

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.