

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3943**

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights township)	c. LENGTH OF STAY (in this place) 1 Mo.	c. CITY OR TOWN St. Anns 40710	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		STREET ADDRESS (If rural, give location) 10608 St. Michael La.	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) A.	c. (Last) Hennessy	4. DATE OF DEATH (Month) (Day) (Year) 1 - 7 - 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/21/96	9. AGE (In years) (Months) (Days) (Hours) (Min.) 61 -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Hennessy	13b. MOTHER'S MAIDEN NAME Margaret Lee	14. NAME OF HUSBAND OR WIFE Marie Hennessy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give branch or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 497-07-0851	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie L. Hennessy 10608 St. Michael

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)	Embotic lung disease	2 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Auricular fibrillation DUE TO (c) ?Arteriosclerotic Heart Dis.	Several mos. 11 yrs
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? 2 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) 4200
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 1946, to 1/7, 1958, that I last saw the deceased alive on 1/7, 1958, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward J. Kusella	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 1/9/58
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	24b. DATE 1/10/58	24c. NAME OF CEMETERY OR DISPOSAL S.S. Peter And Paul
DATE REC'D BY LOCAL REG. 1-9, 1958	REGISTRAR'S SIGNATURE Herbert K. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier Mortuary St. Ann Mo.

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... *Sheldon Collins*

Licensed Embalmer No. *330*

P. O. Address *St. Ann*

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.