

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1958

58-011550

STATE FILE NUMBER

1003

3341

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
25 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>15 36 50 Meramec</b>	
Length of stay in 1b <b>#1</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JERE</b> First Middle Last			4. DATE OF DEATH <b>March 21 1958</b> Month Day Year		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 2, 1884</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Union Electric</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Driscoll</b>		13b. MOTHER'S MAIDEN NAME <b>Hanorah Mullen</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Driscoll</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>493-05-0369</b>	17. INFORMANT <b>Edna Driscoll</b>	Address <b>3650 Meramec Str</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WEEKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>UNKNOWN ORGANISM</b>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>2</b>	
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 <b>St. Louis</b>	COUNTY <b>Mo</b>	STATE
21. I attended the deceased from <b>3/18/58</b> to <b>3/21/58</b> and last saw <sup>her</sup> him alive on <b>3/21/58</b> . Death occurred at <b>12:00 noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Daniel J. Mullaney M.D.</b>	22b. ADDRESS <b>1515 Lafayette Ave.</b>	22c. DATE SIGNED <b>3/21/58.</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/24/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>	23d. LOCATION (City, town, or country) <b>St. Louis</b>	(State) <b>Mo</b>
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24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary</b>	ADDRESS <b>2842 Meramec</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 22 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>
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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.

MEDICAL CERTIFICATION

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 *James S. Benz* .....

Licensed Embalmer No. *4249* .....

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.