

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016083

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3903**

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) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If outside, give location) 3225 N. Florissant	
Length of stay in lb 5 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josephine Middle O Last Lennon		4. DATE OF DEATH Month April Day 7th Year 1958	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3rd. 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeper		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Henry Lennon		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Mary Taffee		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. no		17. INFORMANT Sister Germaine Address 3225 N. Florissant	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Fracture of Right Hip; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture of Right Hip; DUE TO (c) Suffered when deceased fell PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Suffered when deceased fell			INTERVAL BETWEEN ONSET AND DEATH E902:0
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour 6:00 Month 3 Day 24 Year 1958		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20. Home	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE 000	
21. I attended the deceased from 4:25 P. to 4:25 P. and last saw her/him alive on March 24, 1958 Death occurred at about 6:00 am.			
22a. SIGNATURE James M. Kelly		22c. DATE SIGNED 4-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-10-1958	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. APR 8 '58	
		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Williams*

Licensed Embalmer No. *38*

P. O. Address *3840*

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.