

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024016
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1590

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in 1b 3 hours	d. STREET ADDRESS (If outside, give location) 5540 Hamilton Avenue
3. NAME OF DECEASED (Type or print) First Middle Last Patrick F Hennessy			4. DATE OF DEATH Month Day Year June 12 1958
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 Jan. 9, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Echrich Roofing Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Patrick Hennessy		13b. MOTHER'S MAIDEN NAME Anna Downey	14. NAME OF HUSBAND OR WIFE Emma Hennessy (nee Kruse)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War		16. SOCIAL SECURITY NO. 492-05-5667	17. INFORMANT Address Mrs. Emma Hennessy, 5540 Hamilton Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis from Rectum, Adenocat. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) (1) Massive spread through body. DUE TO (c) (2) Kidneys invaded 154X			INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adhesions secondary to colostomy & Carcinoma spread.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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.)	
21. I attended the deceased from Jan 1950 to 6/13/58 and last saw ^{her} him alive on 6/13/58 . Death occurred at 1:56 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE Barney Brunel M.D.		22b. ADDRESS 6508 Florissant Ave.	22c. DATE SIGNED 6/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		23d. LOCATION (City, town, or county) St. Louis County, Missouri	25. DATE RECD. BY LOCAL REG. 6/13/58
		26. REGISTRAR'S SIGNATURE Herbert R. Bomke MD.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.