

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042849

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3122

FILED DEC 10 1958

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Normandy</u> <u>171</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3715 St. Ann</u>		Length of stay in lb <u>8 months</u>	d. STREET ADDRESS <u>3715 St. Ann</u> <small>(If outside, give location)</small> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>Mc</u> Last <u>NERNEY</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 17, 1883</u>		9. AGE (In years birth day) <u>75</u> IF UNDER 1 YEAR Months <u> </u> Days <u> </u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (City and state or country) <u>East St. Louis, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Patrick McNerney</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn Higgins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>Marie Morton</u> Address <u>7251 Forsythe</u>
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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) <u>CEREBRAL THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>AURICULAR FIBRILLATION</u>	<u>8 months</u>
	DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>	<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		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.)
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from MARCH 1, 1958 to NOV 28, 1958 and last saw her alive on NOV 25, 1958
Death occurred at 10:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Lewes Littmann MD</u> (Degree or title)	22b. ADDRESS <u>8731 Clayton Rd (17)</u>	22c. DATE SIGNED <u>11/29/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville, Ill</u>
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24. FUNERAL DIRECTOR <u>Chas Burke</u> ADDRESS <u>East St. Louis, Ill</u>	25. DATE RECD. BY LOCAL REG. <u>11-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Domb MD</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Social, coroner, etc. must use only standard nomenclature in item 10. 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 *Chas McBratney*

Licensed Embalmer No. 2421
P. O. Address East St. Louis, I

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.