

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019707
STATE FILE NUMBER

2 5313
Registration District No. Primary Registration District No. Registrar No.

FILED JUN 15 1959

300
1-57
00
7E

1. PLACE OF DEATH a. COUNTY St. Louis ...		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 711 Pershing Blvd East St. Louis Ill. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6337a Nottingham I week Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 711 Pershing Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last John M. Tierney - Sr.,			4. DATE OF DEATH June 2nd 1959 Month Day Year
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 April 16th 1899 60yrs. last birth day
9. AGE (In years) IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk East St. Louis Ill.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East St. Louis Ill., /
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME James J. Tierney.	
13b. MOTHER'S MAIDEN NAME Catherine Maroney.		14. NAME OF HUSBAND OR WIFE Marguerite Tierney.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Don't know.	
17. INFORMANT Mrs. Marguerite Tierney		Address: 711 Pershing East St. Louis Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of Lung approx 1 year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1621 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential Hypertension; Left Pneumorectomy			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 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/22/58 to 6-2-59 and last saw him alive on 6-1-59 Death occurred at 4:10 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph V. O'Donnell M.D.		22b. ADDRESS 539 N. Grand	
22c. DATE SIGNED 6/3/59		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 6/5/1959	
23b. DATE 6/5/1959		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemty.,	
23d. LOCATION (City, town, or county) St. Louis Co. MO.		23e. REGISTRAR'S SIGNATURE (State) Karl Smith M.D.	
24. FUNERAL DIRECTOR Brickler F. Home East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. JUN 3 '59	

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.

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 *Karna Brown*

Licensed Embalmer No. *4356*

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.