

SL 20125
XC 3040201

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022938

STATE FILE NUMBER

FILED JUL 3 1959

Registration District No. _____ Primary Registration District No. _____
Registration No. **35640**

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-57

Cullinane

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR 915 N GRAND ST LOUIS MO TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST-LOUIS PAGE DALE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 9 DAYS	d. STREET ADDRESS 7206 PAGE 4280 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) FRANK B. HAGGERTY			4. DATE OF DEATH JUNE 11 1959 Month Day Year
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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 6/21/91	9. AGE (In years last birthday) 67 Months 11 Days 21	IF UNDER 1 YEAR If Under 24 Hrs Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done when if retired) MACHINE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ALVIN HAGGERTY	13b. MOTHER'S MAIDEN NAME JOHANNA BEGGER	14. NAME OF HUSBAND OR WIFE GENEVIEVE HAGGERTY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If WW I or war or dates of service) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO
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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) INTERCEREBRAL HEMORRHAGE HYPERTENSIVE CARDIOVASCULAR DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTEROSCLEROSIS DUE TO (c) 443x		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 4 YEARS 10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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
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21. VA attended the deceased from 6-2-59 to 6-11-59 and last saw him alive on 6-11-59 Death occurred at 2:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John M. Burns, M.D. (Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6/11/59
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 6-15-1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Cullinane Bros. 3320 N. Kingshighway ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 13 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harvey Kahle*
Licensed Embalmer No. *4596*
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.