

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 24 1959

59-027021

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 6514 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>50 yrs.</u>	c. CITY OR TOWN <u>St. Louis</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>5219 Theodosia</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5219 Theodosia</u>	
3. NAME OF DECEASED (Type or print) First <u>Dennis</u> Middle <u>O'Connell</u> Last <u>C'Connell</u>			4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/13/1890</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bemis Bag Co.</u>	11. BIRTHPLACE (City and state or country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dennis O'Connell</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Dwyer</u>		14. NAME OF HUSBAND OR WIFE <u>Estelle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-1887A</u>		17. INFORMANT <u>Dennis J. O'Connell</u> Address <u>5219 Theodosia</u>	

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)				
DUE TO (b) <u>Myocardial disease</u>				<u>3 mo</u>
DUE TO (c) <u>Coronary vascular disease</u>				<u>1 yr +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General arteriosclerosis with hypertension</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> <u>yes</u> <input type="checkbox"/> <u>no</u> <input type="checkbox"/> <u>Unknown</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 _____ a.m. _____ p.m. Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <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 <u>July 22 1958</u> and last saw her alive on <u>July 2 - 1959</u> Death occurred at <u>4:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>R Emmet Kane M.D.</u> (Degree or title)			22b. ADDRESS <u>1117 N Grand Blvd</u>	
22c. DATE SIGNED <u>July 9, 59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Chas. F. Stuart</u> ADDRESS <u>1225 Union</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 10 '59</u>		26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DP

APR 21 - 10 - 1916

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 37409

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.