URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009240
STATE FILE NUMBER

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 566

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b 55-yrs.	c. CITY OR TOWN Richmond Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1125 Edward Terrace — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1125 Edward Terrace — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Ellen	Middle:	Last: Concannon	4. DATE OF DEATH Month Day Year: February 17th.,1960
5. SEX: F.	6. COLOR OR RACE: W.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 8/7/1886	9. AGE (last birthday): 7 3 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (City and state or country): Stone Park,Ireland	12. CITIZEN OF WHAT COUNTRY: U.S.	
13a. FATHER'S NAME: Edward McNulty	13b. MOTHER'S MAIDEN NAME: Helen McNulty	14. NAME OF HUSBAND OR WIFE: Martin J.Concannon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: Mr.Martin J.Concannon,1125 Edward Terrace		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1.15.60, to 2.3.60 and last saw her/him alive on 2-3-60

Death occurred at 2;45 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward P Flynn MD	22b. ADDRESS: 9730 E Watson Rd	22c. DATE SIGNED: 2.19.60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb.20,1960	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri		
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: 2-19-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 469

P. O. Address 3840

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