RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024458
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6129

DED

1. PLACE OF DEATH
a. COUNTY 7 yrs.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: mo. 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) #5 N. 9th St.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Aloysius Middle: Last: Duffy
4. DATE OF DEATH Month Day Year: 6-11-60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-12-68
9. AGE (last birthday): 91
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): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Duffy
13b. MOTHER'S MAIDEN NAME: Margaret ?
14. NAME OF HUSBAND OR WIFE
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: Marie Rothwell Address: 4140 Lindell Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: old & new
DUE TO (b) Coronary Thrombosis — 7 yrs.
DUE TO (c) Arteriosclerotic Heart Disease — 7 yrs.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hematoma of Occipital area - 4 days.
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.)
Patient found on floor beside bed.
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 6/7/60
Stated he wanted to go to Toilet. 4200F
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.) St. Louis Chronic Hosp.
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY — STATE Mo.

21. I attended the deceased from 5-1-53 to 6-11-60 and last saw her him alive on 6-11-60
Death occurred at 3:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.
22b. ADDRESS 5800 Arsenal
22c. DATE SIGNED 6/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-60
23c. NAME OF CEMETERY OR CREMATORY: CalvaryCemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Cullen & Kelly ADDRESS: 7267 NaturalBridge
25. DATE RECD. BY LOCAL REG.: JUN 15 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed James A. Lamm C

Licensed Embalmer No. 414

P. O. Address St Louis

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