

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044446

FILED VS NOV 28 1960 317 Registration District No. Primary Registration District No. 531 Registrar's No. 3246 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City, Missouri</b>		c. CITY OR TOWN <b>University City</b>	
Length of stay in lb Yrs. <b>Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If deceased in HOSPITAL OR INSTITUTION) <b>UNIVERSITY CITY HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>6526 Avalon</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Daniel</b> Middle <b>R.</b> Last <b>MEEHAN</b>			4. DATE OF DEATH Month <b>November</b> Day <b>18</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-16-04</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pattern Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mfg. Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Co, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Daniel Meehan</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Gillispie</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Meehan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489 07 9660</b>	17. INFORMANT <b>Esther Meehan 6526 Avalon</b>
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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) <b>Fibrosarcoma of neck</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____
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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 _____
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21. I attended the deceased from **March 25, 1959** to **11/8/60** and last saw <sup>her</sup>him alive on **11/8/60**  
Death occurred at **7:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. D. Amellia, M.D.</i> (Degree or title) <b>- M. D.</b>	22b. ADDRESS <b>HARNES HOSPITAL</b>	22c. DATE SIGNED <b>11/9/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-10-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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24. FUNERAL DIRECTOR <b>J.W. Clark F.R. 1125 Hodiamont Ave.</b>	25. DATE RECD. BY LOCAL REP. <b>11-9-60</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

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 by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 266

P. O. Address 11257

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.