MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED ✓

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1135 — 61-015905 STATE FILE NUMBER

FILED MAY 8 1961

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 CLAYTON — Length of stay in 1b D.O.A.

c. CITY OR TOWN RICHMOND HEIGHTS — Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSP — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 6 BERKSHIRE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GORDON Middle FRANCIS Last HALLORAN

4. DATE OF DEATH Month APRIL Day 22 Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 7/29/1909

9. AGE (last birthday) 51 — 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) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING

11. BIRTHPLACE (City and state or country) ORTONVILLE, MINN

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME PATRICK HALLORAN

13b. MOTHER'S MAIDEN NAME EDITH RADCLIFF

14. NAME OF HUSBAND OR WIFE MARY HALLORAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT MARY HALLORAN Address 6 BERKSHIRE

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) Spontaneous intracerebral hemorrhage into right frontal lobe.

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

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 3:33P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy M.D. John C. Murphy M.D. Asst. Health Commissioner

22b. ADDRESS 801 S. Brentwood Clayton, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 4/23/1961

23c. NAME OF CEMETERY OR CREMATORY GROTON CEM

23d. LOCATION (City, town, or county) GROTON (State) SOUTH DAKOTA

24. FUNERAL DIRECTOR STOCK MORT ADDRESS 889 S BRENTWOOD

25. DATE RECD. BY LOCAL REG. 4-23-61

26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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 J Willrain Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

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.