

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026888

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7332

STATE FILE NUMBER

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
Length of stay in 1b <u>30 days</u>		c. CITY OR TOWN <u>Frontenac</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>11448 Clayton Road.</u>	

3. NAME OF DECEASED (Type or print)	First <u>MICHAEL</u> Middle <u>T.</u> Last <u>HENNESSY</u>	4. DATE OF DEATH	Month <u>Aug.</u> Day <u>5th</u> Year <u>1961</u>
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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>Mar. 25, 1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	IF UNDER 24 HR Hours <u>10</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Comptroller</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Motors Corp.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas M. Hennessy</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Doar</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Hennessy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year and dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Katherine Hennessy</u>	Address <u>11448 Clayton Rd</u>
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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) <u>Ch. Pyelo-nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
DUE TO (b) _____		
DUE TO (c) <u>600.0</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 checked="" 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 <u>7-10-61</u> to <u>8-5-61</u> and last saw him alive on <u>8-5-61</u> Death occurred at <u>11:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>John J. Hammond M.D.</u>	22b. ADDRESS <u>634 N. Grand</u>	22c. DATE SIGNED <u>8/7/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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24. FUNERAL DIRECTOR <u>A. H. BOCKLAGE</u>	ADDRESS <u>6536 Clayton Rd.</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 7 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Robert M. Murray

Licensed Embalmer No. 3749

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.