

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020416

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4781** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 23 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Alexian Brothers Hosp.**

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) **6426 Bishop Place** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **John J. Geraghty**
4. DATE OF DEATH Month Day Year **May 8th., 1962**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **5/8/1886** 9. AGE (last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life) **Retired, Pres. Johnson Tool Co.**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) **Hoboken, New Jersey**
12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **John Geraghty** 13b. MOTHER'S MAIDEN NAME **Kathleen O'Keefe** 14. NAME OF HUSBAND OR WIFE **Mrs. Veronica Geraghty**

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. 17. INFORMANT Address **Mr. Howard J. Geraghty, 4458 Kinswood Lane**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cor. dilation of heart**
DUE TO (b) **chronic athero sclerotic heart disease**
DUE TO (c) **420.0**
INTERVAL BETWEEN ONSET AND DEATH **4 yrs. several years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **athero sclerotic heart disease**
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 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 **1956** to **5-8-62** and last saw him alive on **5-8-62**
Death occurred at **11:36 pm.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Kevin J. Connelley M.D.** 22b. ADDRESS **75x Lemay Ferry St. Lemay Mo.** 22c. DATE SIGNED **5-9-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5/11/1962** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Arthur J. Donnelly, 3840 Lindell Blvd.** 25. DATE RECD. BY LOCAL REG. **MAY 10 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Preckler
752 Lemay Ferry Rd.
(12 noon.)

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 *Wm. S. Dalper*
Licensed Embalmer No. 4699
P. O. Address 3840 Lindell

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.