

124

69 0052380

CERTIFICATE OF DEATH

Registration District No. **317**

Primary Registration District No. **500** Registrar's No. **5212**

DO NOT WRITE ON THIS STUB

9. 1
10a. 72
10b. 39
11. 2
12. 2
13. 1621
14. 4
15. 4
16. 8120
17. 0
19. CREDITS
20.

VS 300

Rev. 1/68

44019

5. 39

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 8120

PARENTS

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Mary Agnes Conroy</u>					2. <u>Female</u>	3. <u>December 23, 1969</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>white</u>		5a. <u>72</u>	5b. <u>MOS.</u>	5c. <u>DAYS</u>	6. <u>Sept. 6, 1897</u>		7a. <u>St. Louis</u>	
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>St. Louis</u>				7c. <u>Yes</u>	7d. <u>St. Johns Mercy</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>County Mead, Ireland</u>		9. <u>U.S.A.</u>		10. <u>Widowed</u>		11.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY			
12. <u>unknown</u>		13a. <u>Housewife</u>			13b. <u>At Home</u>			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER			
14a. <u>Illinois</u>	14b. <u>Madison</u>	14c. <u>Madison</u>		14d. <u>yes</u>	14e. <u>1528 Fourth Street</u>			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. <u>Stephen Walsh</u>					16. <u>Mary Reilly</u>			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Joseph Patrick Walsh</u>				17b. <u>1524 Fourth Street, Madison, Ill. 62060</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE								
(a) <u>Bronchopneumonia</u>							<u>1 week</u>	
DUE TO, OR AS A CONSEQUENCE OF:								
(b) <u>Carcinoma of lung (Oat cell type)</u>							<u>Unknown</u>	
DUE TO, OR AS A CONSEQUENCE OF:								
(c)								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19a. <u>Generalized Arteriosclerosis, Arteriosclerotic Heart Disease</u>					AUTOPSY (YES OR NO) 19b. <u>No</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.		20f.	20g.					
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. <u>8-1-63</u>		21b. <u>12-23-69</u>	21c. <u>12-23-69</u>	21d. <u>Did not</u>	21e. <u>4:30 P.M.</u>			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		YEAR		
22a.		22b.		22c.		22d.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>Emil F. Miskovsky M.D.</u>		23b. <u>Emil F. Miskovsky M.D.</u>		23c. <u>M.D.</u>		23d. <u>12-24-69</u>		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23e. <u>911 S. Brentwood</u>		23f. <u>Clayton</u>		23g. <u>Missouri</u>		23h. <u>63165</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION				
24a. <u>burial</u>		24b. <u>Calvary Cemetery</u>		24c. <u>Edwardsville, Illinois</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. <u>Dec. 26, 1969</u>		24e. <u>Sahay Funeral Home, 507 Madison, Madison, Illinois 62060</u>						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. <u>Lucy M. Luindo</u>		25b. <u>John B. Murphy M.D.</u>		25c. <u>DEC 24 1969</u>				

Type or print in PERMANENT BLACK INK. See handbook for instructions.

CERTIFIER

BURIAL

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 *V E Morris*

Licensed Embalmer No. 3360

P. O. Address _____

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.