S. No. 2
M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28299

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1606136

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6-26-46 (Specify whether
In this community 47 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3435 Lafayette Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FEENEY, Joseph Thomas

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 1 (Day) 1891 (Year)

8. AGE: Years 55 Months 2 Days 2 If less than one day hr. min.

9. Birthplace DeSoto Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Patrick Feeney
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Bridget Cloonan
15. Birthplace Irondale, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Joseph A. Howard Und.Co.
(b) Address 1619 So. Grand St. Louis, Missouri

19. (a) 8-7-46 (Date received local registrar) (b) E.G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1946 hour 3:40 minute P M.

21. I hereby certify that I attended the deceased from 6-26-46, 19..., to 8-3-46, 19...; that I last saw him alive on August 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC TUBERCULOSIS, PULM. — Duration
FAR ADVANCED, ACTIVE, BILATERAL — UNK
Due to
Due to
Other conditions PLEURISY, FIBROUS, CHRONIC; (Include pregnancy within 3 months of death) — UNK
BRONCHITIS, CHRONIC, ASTHMATIC TYPE

Major findings:
Of operations No Operation
Of autopsy No Autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (b) Means of injury

23. Signature Harvey E. Sisk HARVEY E. SISK, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 8-5-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joseph A. Howard

Licensed Embalmer No. 4139

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 this body is not embalmed, fact should be so stated above.