

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31606

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7999

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 2037	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2838 KNOX COURT</u>		d. STREET ADDRESS (If rural, give location) <u>3 2838 KNOX COURT.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>M.</u> c. (Last) <u>DESMOND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>AUGUST 9-1868</u> 81 YRS
9. AGE (In years last birthday) Months Days		9. AGE (In years last birthday) Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PATRICK FLANAGAN</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN M. DERMOTT</u>	
14. NAME OF HUSBAND OR WIFE <u>DANIEL F. DESMOND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Daniel F. Desmond</u>		ADDRESS <u>2838 Knox Court</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>				<u>10 yrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension Chronic</u>		<u>15 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chr. Gen. Arteriosclerosis</u>		<u>15 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Paralysis agitans</u>		<u>10 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>443X</u>	

22. I hereby certify that I attended the deceased from Jan 1946, to 19 Sept 1950, that I last saw the deceased alive on 9 Sept 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard H. Kay, M.D. 23b. ADDRESS 5930 Southwest Ave. 23c. DATE SIGNED 20 Sept 50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE SEPT. 22-50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. SEP 21 1950 REGISTRAR'S SIGNATURE J. B. Kasath 25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur ADDRESS 3125 Lafayette av

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Joseph B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3145 E. 1st St.*

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.