

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39823

State File No. ....

8762

FILED NOV 28 1951

BIRTH NO. 21985-57

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	4010
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>427 FARK DR.</u>	

3. NAME OF DECEASED (Type or Print) <u>BABY Infant TIERNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3-1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Oct 3-1951</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		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.</u>		13a. FATHER'S NAME <u>EUGENE TIERNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET WHALEN</u>	

14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>For Address Eugene Tierney</u>		427 Fark Dr		7	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple congenital anomalies of brain.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain.</u> DUE TO (c) <u>Polyhydramnios.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7-531</u>			

22. I hereby certify that I attended the deceased from 10-3, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 8:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Weyerich</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>8321 N. Broadway</u>		23c. DATE SIGNED <u>10-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Oct 4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		

DATE REC'D BY LOCAL REG. <u>OCT 4 1951</u>	REGISTRAR'S SIGNATURE <u>J. E. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen Kelly</u>	ADDRESS <u>7267 Natl Bldg Rd</u>
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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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed *James A. Lammers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4142*

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