

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2746
 State File No. 0284

FILED FEB 8 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0284

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0284			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri				b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) 54 TOWN Maplewood 4544			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location) 3621 Manhattan Ave. /					
3. NAME OF DECEASED (Type or Print) OWEN		a. (First)		b. (Middle)		c. (Last) DUFFY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12-2-1876		9. AGE (In years less birthday) 75	IF UNDER 1 YEAR Months 1 Days	IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tobacco Worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Patrick Duffy			13b. MOTHER'S MAIDEN NAME Ellen Monaghan			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Miss Nellie Duffy, above				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 3 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) arteriosclerosis						6 mo.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Cancer	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H&O					
22. I hereby certify that I attended the deceased from 1-7, 1952, to 1-9, 1952, that I last saw the deceased alive on 1-9, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.									
23a. SIGNATURE John J. Doherty (Degree or title)				23b. ADDRESS 5203 Chipman		23c. DATE SIGNED 1-10-52			
24a. REMOVAL CREAM TION (REMOVAL BY) _____		24b. DATE 1-12-1952	24c. NAME OF CEMETERY OR CREMATORY St. Columkill Ceme.		24d. LOCATION (City, town, or county) (State) Byrnesville, Mo.				
DATE RECEIVED BY LOCAL HEALTH DEPT. JAN 11 1952		REGISTRAR'S SIGNATURE Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, Manchester Ave. Maplewood 17, Mo.				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.