

STANDARD CERTIFICATE OF DEATH

State File No. **22327**

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5497**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2.18.1**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Bethesda Hosp.** d. STREET ADDRESS (If rural, give location) **18 3649 Vista**

3. NAME OF DECEASED
a. (First) **Rose** b. (Middle) **Agnes** c. (Last) **McNearney** **4. DATE OF DEATH** (Month) (Day) (Year) **6-13-52**

5. SEX **Fem.** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Wid.** **8. DATE OF BIRTH** **6/6/1906** **9. AGE** (In years last birthday) **46 yrs.** **10. MONTHS** _____ **11. HOURS** _____ **12. MIN.** _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nurse** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) **Michigan** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Charles Kelly** **13b. MOTHER'S MAIDEN NAME** **Roseanna Fontana** **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) **no** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Patricia Bollig** **ADDRESS** **1415 W. 46 Denver, Col**

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** **acute**

ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerosis Heart** **chronic**
DUE TO (c) **Essential Hypertension** **chronic**

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 NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR** **443X**

22. I hereby certify that I attended the deceased from **6/10**, 19**52** to **6/13**, 19**52** that I last saw the deceased alive on **6/13**, 19**52**, and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Thomas W. Parker M.D.** **23b. ADDRESS** **4660 Newglance** **23c. DATE SIGNED** **6/14/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **6/17/52** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 16 1952** **REGISTRAR'S SIGNATURE** **J. Earl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **E. J. Schum** **ADDRESS** **3125 Lafayette**

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

10-300
10-48

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 *Joseph Hollmer*

Licensed Embalmer No. *26014*

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.