

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11084

State File No.

BIRTH NO. 63219 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 83

923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge Hills 4230	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Josephs Hospital		d. STREET ADDRESS (If rural, give location) 3224 Rex Ave. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) Olsen c. (Last) Shaughnessy			4. DATE OF DEATH (Month) (Day) (Year) 4)2)53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 1, 1952	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR 0 MONTHS 0 DAYS 0 HOURS 0 MIN.
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) St. Charles Mo. ✓	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME George Shaughnessy		13b. MOTHER'S MAIDEN NAME Teleitha Olson		14. NAME OF HUSBAND OR WIFE #####	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Shaughnessy 3224 Rex Ave. St. Louis Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo-pneumonia, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 20 hrs			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 491 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 1, 1953, to April 2, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Gary - W.A. Mullaly M.D.		23b. ADDRESS 898 St. Charles Rd. St. Louis Mo.		23c. DATE SIGNED 2 April-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3)4)53		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. April 2 1953		REGISTRAR'S SIGNATURE Tranuel Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collins Funeral Home 10123 St. Charles	
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. 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.