

STANDARD CERTIFICATE OF DEATH

State File No. 11482

FILED APR 4 1953

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Registrar's No. 3032

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
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) 6-wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 19 3601 Lindell Blvd.				0	
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Stephen		c. (Last) Driscoll		4. DATE OF DEATH Mar. 19, 1953	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Dec. 26, 1880		9. AGE (in years last birthday) 72		10. UNDER 1 YEAR 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Ex. Vice-Pres.		10b. KIND OF BUSINESS OR INDUSTRY Shapleigh Hdw. Co.		11. BIRTHPLACE (City and State or Foreign Country) Plymouth, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Driscoll			13b. MOTHER'S MAIDEN NAME Ann O'Connell			14. NAME OF HUSBAND OR WIFE Mrs. Frances Julia Driscoll			
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. not known		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Julia Driscoll, 3601 Lindell				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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Retention</i>						MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 6 MO.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hepatitis</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>as above.</i>						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)		154X			
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?					
22. I hereby certify that I attended the deceased from 7/10/53, 19___, to 3/19/53, 19___, that I last saw the deceased alive on 3/12/53, 19___, and that death occurred at 12:20 AM, from the causes and on the date stated above.									
23a. SIGNATURE <i>Dean Sauer</i>				23b. ADDRESS 106 S. Central		23c. DATE SIGNED 3/19/53.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE RECD BY LOCAL MAR 20 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. Donnelly</i>		ADDRESS 3601 Lindell Blvd.			

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

(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

Francis Williamson

Licensed Embalmer No. 3565

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.