

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44629

State File No. ....

FILED DEC 21 1953

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>543</u>		Registrar's No. <u>3146</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings Mo</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4524 Forest Pl Bldg</u>				
3. NAME OF DECEASED (Type or Print) <u>MARY LAFLEY TACEY</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 53</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>11/20/1886?</u>		9. AGE (In years last birthday) <u>67</u>		10. DATE OF BIRTH		11. AGE (In years last birthday)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at-home</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Ireland</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>John Mc Mahon</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Moran</u>		
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>FRANK TACEY</u>				18. ADDRESS <u>5914<sup>th</sup> Delmar</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral malacia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332XF</u>						
19a. DATE OF OPERATION <u>Oct 23, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hip pinned? Anterior Cast applied at County Hosp.</u>				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?						
22. I hereby certify that I attended the deceased from <u>Sept 13, 1947</u> , to <u>Dec 7, 1953</u> , that I last saw the deceased alive on <u>Dec 1, 1953</u> , and that death occurred at <u>11:55P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Lewis Sittmann MD</u>				(Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		
23c. DATE SIGNED <u>12/8/53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/10/53</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>12/19/53</u>		REGISTRAR'S SIGNATURE <u>Robert B. Sullivan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan</u>		ADDRESS <u>2849 N. Euclid</u>		

(Accepted Embellisher's Statement on Reverse Side)

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.