No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7057

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
c. LENGTH OF STAY (in this place): 15 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7437 BLAND DRIVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY 4346
d. STREET ADDRESS (If rural, give location): 7437 BLAND DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): THERESA
c. (Last): SKELLY

4. DATE OF DEATH (Month) (Day) (Year): JAN. 24-1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: JULY 5-1876
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN O'CONNOR
13b. MOTHER'S MAIDEN NAME: MARY SHAUGHNESSY
14. NAME OF HUSBAND OR WIFE: PATRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs. V. J. Moore — ADDRESS: 7437 Bland Dr. N.C.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis - probably primary bowel - but not localized by X Ray
ANTECEDENT CAUSES — DUE TO (b): ~~Generalized ascites~~
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c): Supraclavicular glands.

II. OTHER SIGNIFICANT CONDITIONS: Arteriosclerosis
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular renal

INTERVAL BETWEEN ONSET AND DEATH: 1 to 2 yrs. 12-20-53+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
153X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 1953 *to* Jan 24, 1954, *that I last saw the deceased alive on* Jan. 23, 1954, *and that death occurred at* 9 45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Fred W. Clark (Degree or title) M.D.
23b. ADDRESS: 864 Hamilton Blvd St. Louis 12 Mo.
23c. DATE SIGNED: 1-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JAN. 26-1954
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REG.: 1/25/54
REGISTRAR'S SIGNATURE: Herbert R. Spinke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: L. Mullen Und Co. — ADDRESS: 5165 Delmar Bl

(Licensed Embalmer's Statement on Reverse Side)

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

J. Fred Chadwick
864 Hamilton
Ca. 2354

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 [signature]

Licensed Embalmer No. 436

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.