

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7289

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 364

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|--|---------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2059 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 23-days | | e. STREET ADDRESS (If rural, give location) 5912 DeGiverville Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady of Good Counsel Home | | 6025 Nat. I. Bridge Road | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emma | | b. (Middle) Counglin | |
| c. (Last) Counglin | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954 | |
| 5. SEX F. / | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | 8. DATE OF BIRTH Unk. Unk. 1876 |
| 9. AGE (In years) (last birthday) 78 | | IF UNDER 1 YEAR Months Days | IF UNDER 48 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME James Devlin | |
| 13b. MOTHER'S MAIDEN NAME Unk. Cunningham | | 14. NAME OF HUSBAND OR WIFE James Coughlin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Samuel Magann | | ADDRESS 5912 DeGiverville Ave. | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis Heart Disease</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>6 years</u> <u>2 years</u> | | 19a. DATE OF OPERATION | |
| 19b. MAJOR FINDINGS OF OPERATION | | 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>December 10, 1953</u> to <u>Feb 9, 1954</u> that I last saw the deceased alive on <u>Dec 10, 1953</u> , and that death occurred at <u>6 AM</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J J O'Connell</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>3903 Olive</u> | |
| 23c. DATE SIGNED <u>2-10-54</u> | | 24a. BURIAL, CREMATION, REMOVAL | |
| 24b. DATE <u>2-12-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>2-10-54</u> | |
| REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> | |
| ADDRESS <u>840 Lindell Blvd.</u> | | ADDRESS | |

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

(Licensed Embalmer's Statement on Reverse Side)

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