

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21531

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1380			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 1 HOUR		c. CITY OR TOWN Jennings		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital				e. STREET ADDRESS (If rural, give location) 9406 Blue Grass Dr. 40080					
3. NAME OF DECEASED a. (First) Ellen (Type or Print)			b. (Middle) Driscoll		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) 6-12-1954			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		
8. DATE OF BIRTH Apr. 12, 1867			9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. 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 Housework		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Driscoll			13b. MOTHER'S MAIDEN NAME Mary Toomey			14. NAME OF HUSBAND OR WIFE NONE			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Krabbe, 9406 Blue Grass Dr.				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism (massive)				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Iliac Vein Thrombosis				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease multiple diverticula of small & large bowel.									
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)		466X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 6-12-1954 to 6-12-1954, that I last saw the deceased alive on 6-12-1954, and that death occurred at 5:22 pm., from the causes and on the date stated above.									
23a. SIGNATURE George Gay				(Degree or title) M.D.		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 6-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-16-1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 6-14-54		REGISTRAR'S SIGNATURE Herbert R. Donohue			25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.			ADDRESS 3320 N. Kingshighway	

Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

STATEMENT BY LICENSED EMBALMER

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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.....
Signature of Student Embalmer

Signed *Fred Frick*.....

Licensed Embalmer No..3186..

P. O. Address..St..Louis,..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.