

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43971**
Registrar's No. **11466**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **5805 Lotus Ave.**

e. STREET ADDRESS (If rural, give location) **5805 Lotus Ave. 2069**

3. NAME OF DECEASED (Type or Print)
a. (First) **Bridget** b. (Middle) _____ c. (Last) **Rush**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 16, 1954

5. SEX **F.**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W.**

8. DATE OF BIRTH **Feb. 13, 1866**

9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months **10** Days **3** IF UNDER 1 HOUR 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 _____

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Jermiah Toomey**

13b. MOTHER'S MAIDEN NAME **Mary Donlon**

14. NAME OF HUSBAND OR WIFE **John Rush**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ann Staed, 5805 Lotus 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
ANTECEDENT CAUSES **Cholesterol Disease**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **6 hrs**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **Feb 12-12, 1954** to **12-16, 1954** that I last saw the deceased alive on **12-12, 1954** and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **AS Staed M.D.** (Degree or title)

23b. ADDRESS **2739 N. Grand**

23c. DATE SIGNED **12-16-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Dec. 18, 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. **DEC 16 1954**

REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Arthur J. Donnelly 3840 Lindell Blvd.**

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Dyer.....

Licensed Embalmer No. 46.....

P. O. Address 3846.....

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.