

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1955

State File No. **34974**  
**9108**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo</b>		c. CITY OR TOWN <b>St. Louis, Mo</b>	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 <b>New Faith Hospital</b>		STREET ADDRESS (If rural, give location) <b>7119 Buehla Jennings</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>F</b>	c. (Last) <b>McNamara</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Famous-Barr Co</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>J. F. McNamara</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret C. Donnelly</b>	14. NAME OF HUSBAND OR WIFE <b>Eunice McNamara</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eunice Mc Namara 7119 Buehla Jennings</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>  <b>11 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Rectum</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154x</b>			

19a. DATE OF OPERATION <b>12/30/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Rectum - Colostomy</b>	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)
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 **11/13/54**, 19\_\_\_, to **10/18/55**, 19\_\_\_, that I last saw the deceased alive on **10/18/55**, 19\_\_\_, and that death occurred at **11:35am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Anthony V. Benincara M.D.</b>	23b. ADDRESS <b>3731 Goodfellow Blvd</b>	23c. DATE SIGNED <b>10/19/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 21 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 No Euclid Ave</b>

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

DRG: BENINCASA  
3731 GoodFELLOW  
Co 1-7301  
after 3PM

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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.....  
Signature of Student Embalmer

Signed *Albert Mayfield*.....

Licensed Embalmer No. *307*.....

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.