No. 300
10.48

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43080

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2954

1. PLACE OF DEATH
a. COUNTY: St. Louis, Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy Mo.
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 423X
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2526 Wismer Road

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle):
c. (Last): Tighe

4. DATE OF DEATH (Month) (Day) (Year): 12-17-55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-1-1872
9. AGE (In years last birthday): 83 — 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): Plasterer (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Plastering
11. BIRTHPLACE (City and State or Foreign Country): County Mayo, Ireland
12. CITIZEN OF WHAT COUNTRY?: Yes
13a. FATHER'S NAME: Michael ? Tighe
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Esther Tighe (Dec.)
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: X Michael J Tighe
ADDRESS: 2526 WISMER

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) ~~Acute Coronary Insufficiency~~ — INTERVAL BETWEEN ONSET AND DEATH

(a) Acute Circulatory failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Chronic Decompensating heart Disease~~

(b) Old and recent coronary thrombosis

DUE TO (c) ~~Arterio Sclerotic Heart Disease~~

II. OTHER SIGNIFICANT CONDITIONS (c) Arteriosclerosis

Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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) 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* _____, 1954, *to* Dec 17, 1955, *that I last saw the deceased alive on* Dec 17, 1955 *and that death occurred at* 1:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Matthew Richardson DO
23b. ADDRESS: 2335 Brown Rd
23c. DATE SIGNED: 12-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 20 1955
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 12-19-55
REGISTRAR'S SIGNATURE: Herbert R. Wombacher
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

Jan 20, 1956 jf

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 41

P. O. Address St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.