

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37342**

FILED OCT 29 1957

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9594**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9594			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (In this place) Life.		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 1422 Hamilton Ave.				e. STREET ADDRESS (If rural, give location) 1422 Hamilton Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) J.			c. (Last) Desmond.			
4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1957		5. SEX <input checked="" type="checkbox"/> Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Oct. 1, 1885	
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office.		11. BIRTHPLACE (City and State or Foreign Country) Florissant, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas J. Desmond.			13b. MOTHER'S MAIDEN NAME Elizabeth Erb			14. NAME OF HUSBAND OR WIFE Mrs. Cornelia J. Desmond.			
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 AND ADDRESS Mrs. Cornelia J. Desmond, 1422 Hamilton Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Arterio Sclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 420.1						INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <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 June 1, 1954 , to Oct. 14, 1957 , that I last saw the deceased alive on Oct. 14, 1957 , and that death occurred at 5:25 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. Hayden M.D. (Degree or title)				23b. ADDRESS 730 Hadriamont				23c. DATE SIGNED 10/14/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 10/16/57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis Missouri.			
DATE REC'D BY LOCAL REG. OCT 15 1957		REGISTRAR'S SIGNATURE Calvin F. Foutz		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Calvin F. Foutz Funeral Home, 4828 Natural Bridge Blvd. St. Louis 15 Mo.					

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

Student.....
Signature of Student Embalmer

Signed *Ralph C. Zander*.....

Licensed Embalmer No. *4278*.....

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.