

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023290
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5249

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings 41380
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in lb # 2 7/8	d. STREET ADDRESS (If outside, give location) 5252 Janet Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Catherine M. Flynn			4. DATE OF DEATH Month Day Year 5 17 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Record Center	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel J. McGrath		13b. MOTHER'S MAIDEN NAME Boyd	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Joseph Flynn Address 4325 Edgewood Av
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial failure</u> <u>operation-gastroenterostomy</u> <u>operation-gastroenterostomy</u> <u>re-operation 5-17-58</u> <u>reoperation 5/17/58</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>operation-gastroenterostomy</u> DUE TO (c) <u>reoperation 5/17/58</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>duodenal ulcer-obstructive</u> <u>duodenal ulcer (obstructing) 5411</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-2 hrs</u> <u>1-2 hrs</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>April 25-58</u> to <u>May 17-58</u> and last saw her alive on <u>May 16-58</u> <u>12:59 A.M.</u> on <u>5-17-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Everett J. Javala <u>Everett J. Javala M.D.</u>		22b. ADDRESS <u>607 N. Grand Blvd</u>	22c. DATE SIGNED <u>5-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-20-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Jos. W. Clark F.H.1125 Hodiamont		25. DATE RECD. BY LOCAL REG. MAY 1958	26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

John J. Henneley
Licensed Embalmer No. *4,194*
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.