

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022822

STATE FILE NUMBER
Registration District No. _____ Primary Registration District No. _____ Registrar No. **5666**

FILED JUL 1 1959

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to City Hosp		d. STREET ADDRESS (If outside, give location) 6927 Morganford	
3. NAME OF DECEASED (Type or print) First Middle Last ELLA DENNEHY		4. DATE OF DEATH Month Day Year June 12, 1959	
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 Oct. 31, 1886
9. AGE (In years last birthday) 72		10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co	11. BIRTHPLACE (City and state or country) Ireland (N.C.)
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Patrick O'Sullivan	
13b. MOTHER'S MAIDEN NAME Judy Haragan		14. NAME OF HUSBAND OR WIFE Late Jerry Dennehy	
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.	
17. INFORMANT Mrs. Julia Lynch-6927 Morganford		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Left Hip Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 903.0 sec
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter cause of injury in PART I or PART II if appropriate.) Slipped and fell in driveway of home about 7:30 p.m.		20c. TIME OF INJURY Hour Month, Day, Year 7:30 p.m. 5/10/59	
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.) Home	
20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 600A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick Taylor Carson		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6.15.59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	
23b. DATE 6-16-59		23c. NAME OF CEMETERY OR CREMATORY Mt Carmel	
23d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.		24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. JUN 15 '59		26. REGISTRAR'S SIGNATURE Carl Smith. M.D. J.S.B.	

MEDICAL CERTIFICATION

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 *Edwin A. McHenry*

Licensed Embalmer No. *3024*
P. O. Address

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.