MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-044061
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11121

FILED NOV 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 206
3
4 0
5 0
6
7 1
8 2
9
10
11
12 90-0
13

90

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 1 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5972 Lotus Ave.
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 5972 Lotus Ave.
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First James Middle Edward Last Carmody
4. DATE OF DEATH: Month Nov. Day 17 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-17-88
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (City and state or country): S Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Simon Carmody
13b. MOTHER'S MAIDEN NAME: Catherine Dunsworth
14. NAME OF HUSBAND OR WIFE: None
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.
17. INFORMANT: Josephine Carmody Address: 5972 Lotus Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cardiac arrest — Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b): auricular fibrillation — Auricular fibrillation — 1 yr.
DUE TO (c): cardio vascular renal disease — Cardio Vascular Renal Disease — 3 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442x
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/17/62 to 11/17/62 and last saw him alive on 11/14/62
Death occurred at 5:50p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jos. F. Trigg M.D.
22b. ADDRESS: 7165 Delmar 7165 Delmar, Mo
22c. DATE SIGNED: 11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-20-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Mo.

24. FUNERAL DIRECTOR: J.W.Clark F.H. ADDRESS: 1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG.: NOV 19 1962
26. REGISTRAR'S SIGNATURE: Roard Smith, M.D.

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 Mitt Willenbrink

Licensed Embalmer No. 4511

P.O. Address St Louis Mo

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.

Dr. Joseph F. Trigg
7165 Delmar
Pa. 5 7744