

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38797
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH
 (a) County ST. LOUIS Registration District No. 790
 (b) Township CLAYTON Primary Registration District No. 6033a Registered No. 368
 (c) City CLAYTON (d) Street No. ST. LOUIS CITY HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM KEARNEY
 (a) Residence, No. 3118 LALEDERD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELIZABETH KEARNEY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 21 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 6 6 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. NILE
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI
 FATHER 13. NAME KEARNEY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND
 MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND
 17. INFORMANT ELIZABETH KEARNEY
 (ADDRESS) 3118 LALEDERD RD
 18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE OCT. 11 1937
 19. FUNERAL DIRECTOR E. J. Schmur
 (ADDRESS) 3125 Lafayette av.
 20. FILED 10/8 1937 W. J. Agnoselli
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset _____
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes
 23. If death was due to external causes (Violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John J. Connelley M.D.
 (Address) St. Louis

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, James Gullivan

Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

James Gullivan

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

James Gullivan

Licensed Embalmer No. 2260

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.)