

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

12860

Do not use this space.

3464

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City ST. LOUIS (d) Street No. DE PAUL 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

John KELLEHER 460
 (a) Residence, No. 40619 CARFIELD St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 MARY KELLEHER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 7, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 4
 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. CARPENTER
 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) IRELAND 5
 FATHER 13. NAME MICHAEL KELLEHER 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5
 MOTHER 15. MAIDEN NAME HANNAH BUSTET
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND
 17. INFORMANT MRS. MARY KELLEHER
 (ADDRESS) 40614 CARFIELD AVE
 18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE APRIL 14, 1938
 19. FUNERAL DIRECTOR LAWRENCE MULLEN
 (ADDRESS) 5165 DELMAR BLVD.
 20. FILED APR 14 1938 J. D. Bredsch
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1936, to 4-11, 1938.
 I last saw h. l. m. alive on 4-11, 1938. Death is said to have occurred on the date stated above, at 7:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Nephroathrosis (Bilateral) Date of onset
Pyonephritis (Bilateral)
Uremia
 Other contributory causes of importance:
Hyperostosed prostate
 Name of operation Cantury Puncture Date of 10-22-36
 What test confirmed diagnosis? 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) C. J. Althaus M. D.
 (Address) District Bldg. St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--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, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880

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.)