DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 380

Registration District No. 1003

Primary Registration District No.

Registrar's No. 380

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Plaza Hotel.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years. (Specify whether years, months or days)

In this community 50 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel. 220 N. Kingshighway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nellie Kinsella. 524

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Kinsella.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) 1862 (Year)

8. AGE: Years 78 Months Unknown Days If less than one day hr. min.

9. Birthplace New York. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name John Hanley.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dallon.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William J. Kinsella Jr.
(b) Address Lincoln & Denny Road St. Louis Co.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JAN 14 1940 (Date received local registrar) (b) J. F. Bachek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th. year 1940 hour 12. minute 15 A.M.

21. I hereby certify that I attended the deceased from December 22nd, 1939, to January 13th, 1940 that I last saw her alive on January 12th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension Cardiovascular Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Augustus P. Munsch (M. D. or other)
Address 306 Humboldt Bldg Date signed 1/13/40

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.