

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME GRACE S. KINEALY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Kinealy 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Feb. 21 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Goldsboro, North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Geo. V. Strong

13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Eliza Cowan

15. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Murphy

(b) Address 4953 West Pine

17. (a) Buried (b) Date thereof 2-6-40  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) FEB 5 1940 (b) J. H. Murphy  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 280 N. Skinker  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3  
year 1940 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death True Skull Fracture Duration  
Bread Bone and with Outlets  
who deceased fell from window  
of left home 7464 Washner  
Over Highway, Results About  
11:35 AM. Feb 3rd 1940  
\* daughter's

Other conditions (Include pregnancy within 3 months of death) 1860s

Major findings: 18  
Of operations 18

Of autopsy 18

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) Open Verbal

(b) Date of occurrence Feb 3rd 1940

(c) Where did injury occur Richmond Heights Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place)

While at work ( ) Means of injury fall

23. Signature Joseph H. Alexander (Name of other)

Address 1000 1/2 ... (Name signed)

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

**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.....

Albert C. White....., Registered Apprentice No. 209  
working under my personal supervision.

Signed J. W. Dinkley  
Licensed Embalmer No. 3653  
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 this body is not embalmed, above space should be left blank.**

Regarding the enclosed. First the name is  
"Grace S. Kinealy"(according to the photo). She lived at  
280 N Skinker, St. Louis Mo,. She fell at her daughter's  
home 7464 Warner Ave., Richmond Hts, St. Louis Co., She  
died at St Luke's Hospital. St Louis, Mo.,

Always in a hurry.

Nano G.

*Nano G.*  
*Pastor*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4318**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1148**

1. PLACE OF DEATH:

(a) County **St Louis**  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St Rufus**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

**Grace S. Kively**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **7** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **wid**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

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

8. AGE: Years **65** Months **11** Days **12** If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

{ 13. Birthplace. (City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(If outside city or town limits write "RURAL")  
(d) Street No. **280** **St Elmo**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month **2** day **3**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **fell from window in the home**  
**7464 Warner, one**  
Due to **Richmond Heights**

Other conditions. (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **Joseph de J...**  
Address **Rep Kar...** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL