

REC JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4514

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6001a. Horton Pl. 2
(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)

8. (a) PRINT FULL NAME Ida May Kane 500

3. (b) If veteran, name war None 8. (c) Social Security No. None

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

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

7. Birth date of deceased November 23 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 22 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business At Home

12. Name Daniel P. Kane

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Nunn

15. Birthplace Lincolnshire England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Florence V. Kane

(b) Address 6001a. Horton Pl.

17. (a) Cremation (b) Date thereof 5-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) MAY 21 1940 (b) J.F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6001a. Horton Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 1940
19 _____ to 5/20, 19 40

that I last saw her alive on 5/20, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 3 days

Due to Cardiac Resump. 5 mo.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Andrew H. Kern (M. D. or other) M.D.

Address 4632 So Grand Date signed 5/21/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

D.V. Andrew Stine

35-313 DeLore
R# - 2929
8-4 p.m.

4632
De Lore

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.