

No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33143

DEAD OCT 10 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1769

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3819A Jennings Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3819A Jennings Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Mary Jane Kane

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

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

7. Birth date of deceased Dec. 24, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 23 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Cunningham

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

14. Maiden name Margaret McKittrick

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

16. (a) Informant Winifred Kane

(b) Address 3819A Jennings Road

17. (a) Burial (b) Date thereof Sept. 19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) SEP 18 1940 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1940 hour 12.45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 1936
1936, to Sept. 16, 1940;
that I last saw her alive on Sept. 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Coronary Occlusion Duration 1 day

Due to Arteriosclerosis, Heart Disease Duration 4 years

Due to _____
Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: - Of operations _____

Of autopsy No

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? _____

707
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1539 N Grand Date signed Sept 17 1940

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

Dr. J.A. Brennan
Humboldt, Bire.
1-4.30 P.M.
Je.4335.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Ave.

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.