

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City St. Louis
(c) Name of hospital or institution: City Hospital #1
(d) Length of stay: 1 In hospital or institution (Specify whether In this community years, months or days)

FILED DEC 14 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 5
City or town St. Louis
(c) Street No. 5288 # Page
(d) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME John Kiely
(b) If veteran no 3. (c) Social Security name war. no No. none

4. Sex Male 6. Color Wh 6. Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 27 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months - Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business 52 # 2

12. Name John Kiely

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

14. Maiden name Anne Hays

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

16. (a) Informant Mrs. Helen Allison
(b) Address 5288 # Page

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem
(d) Signature of funeral director Chas. J. Stuart
(e) Address 1225 Union Blvd.
NOV 23 1940 (Date received local registrar) (f) J. F. Dutch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 6 minute 17 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: Multiple Fractures and emaciation and Critical Blood Chem

Due to Stress Myocarditis

Due to suffered when struck by Plymouth coupe

Other conditions present by our Norman Schlafman at intersection
(Include pregnancy within 3 months of death)

Major Artery freedom and Page street
operations 7450m Sept 20-1940

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept 20-1940

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Super Place
(Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Perry (M. D. or other)
Address Super Place Date signed 11/23/40

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

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 Bernard A. Stuart
Licensed Embalmer No. 3500
P. O. Address 1225 Union Blvd

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.