

No. 2
4-13-40
5-17-39
I X23159

FEB 14 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4338

State File No.

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 128

96
8
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4978 Tholozan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Johanna (Anna) Kane

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1941 hour 7:45 minute P.M. M.

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 Dec. 4th 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16th, 1941, to Jan 18th, 1941, that I last saw her alive on Jan 18th, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 11 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death _____

Solar Pneumonia 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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

10. Usual occupation Clerk

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Timothy Kane

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mitchell

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

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? _____

16. (a) Informant Timothy Kane

(b) Address 4978 Tholozan Ave.

17. (a) Burial (b) Date thereof 1-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature _____ (Specify type of place) _____ (a) Means of injury _____

While at work? _____

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 20 1941 (b) [Signature]
(Date received local health officer) (Registrar's signature)

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

Address 539 N. Grand Blvd. Date signed 1/20/41

Shunkhald Blvd
Jc: 4335
1-430

(JAN 28 1958)

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.....

Edwin M. Herriott
Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.