

2
-41
-39
K28390

Registration District No. 784

Primary Registration District No. 11

Registrar's No. 1324

1. PLACE OF DEATH

(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(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 FOUR WEEKS
60 YEARS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96
(c) City or town CLAYTON, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 7527 FORSYTHE BLVD.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BRIDGET KILROY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JAMES KILROY

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

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

1861
(Month) (Day) (Year)

8. AGE:

Years 80

Months UNKNOWN

Days UNKNOWN

If less than one day
hr. min.

9. Birthplace

(City, town, or county)
AT HOME

4 IRELAND
(State or foreign country)

10. Usual occupation

AT HOME

MOTHER FATHER

11. Industry or business

12. Name JOHN CONLEY

13. Birthplace

(City, town, or county)
CECELIA FALLON

4 IRELAND
(State or foreign country)

14. Maiden name

CECELIA FALLON

15. Birthplace

(City, town, or county)
4 IRELAND

(State or foreign country)

16. (a) Informant

CECELIA MANLEY

(b) Address

7527 FORSYTHE BLVD.

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof 6-26-41
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director

Arthur J. Donnelly

(b) Address

3840 Lindell Blvd.

19. (a) JUN 25 1941

(Date received local registrar)

(b) J. R. Meyer
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1941 hour ONE minute 50 P. A. M.

21. I hereby certify that I attended the deceased from Sept 1939 to June 23, 1941;
that I last saw her alive on June 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction

Duration 3 wks

Ca. of sigmoid

Due to 3 4 1/2

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

Major findings:

Of operations ✓

Of autopsy Described above

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? _____

While at work? _____

(Specify type of place) (e) Means of injury _____

23. Signature

Lucas J. Kelly (M. D. or other) Luc

Address

8105 Page Blvd

Date signed 6-24-41

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

AUG 8 1941

8100 Page 100
515-6 R

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.