

MO 179
X26390

WED AUG 28 1941

Registration District No. **91**

Primary Registration District No. **1003**

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **7 Years**
(Specify whether years, months or days)

In this community..... **5**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Catherine Kilkenny**

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..... **Single**

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

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

7. Birth date of deceased..... **February 20, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	5	8 hr. min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Patrick Kilkenny**

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

14. Maiden name..... **Honora Morley**

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

16. (a) Informant..... **Catherine O'Brien**

(b) Address..... **354025 Mad Ave**

17. (a) **Burial** (b) Date thereof **July 31 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery Peetz Brothers**

18. (a) Signature of funeral director.....

(b) Address..... **5029 Lafayette Ave**

19. (a) **JUL 30 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

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

(d) Street No. **3400 S. Grand Blvd**
(If rural, give location)

(e) Citizen of foreign country?..... **Yes** (Yes or No)
If yes, name country..... **Ireland**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28th** day **July**
year **1941** hour **1:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **15 July 1941** to **28 July 1941**
that I last saw **her** alive on **July 28 1941**
and that death occurred on the (date and hour) stated above.

Immediate cause of death..... **Coronary Occlusion**
Coronary Arteriosclerosis
Due to **General Arteriosclerosis**
Due to **Arteriosclerosis**

Duration.....

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

Major findings:
Of operations..... **[Signature]**
Of autopsy..... **[Signature]**

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..... **[Signature]** (M. D. or other)
Address..... **[Signature]** Date signed..... **[Signature]**

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 Frank J. Owen

Licensed Embalmer No. 7245

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, fact should be so stated above.