

DEC 31 1941 773
Registration District No.

Primary Registration District No. 60184

Registrar's No. 176

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural St. Francois township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 3 mo. 2 days
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. not known
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN KELLEHER

3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 6th 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 6
If less than one day hr. min.

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

10. Usual occupation Tile roofer's helper

MOTHER FATHER { 11. Industry or business.

12. Name John Kelleher
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof 12-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address St. Louis, Mo.

19. (a) 12-20-41 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 12th
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 5th 1941 to 12-12-41
that I last saw him alive on 12-12-41
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane
Duration 19 mos.?

Due to

Due to 30 h

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations No operations
Of autopsy No autopsy
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) NO
(b) Date of occurrence NO
(c) Where did injury occur? NO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

While at work? NO (Specify type of place) (e) Means of injury

23. Signature C. C. Ault (M. D. or other) M. D.
Address Farmington, Mo. Date signed 12/18/41

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

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DEC 24 1944

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 D Mc Dermott*

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.