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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 7824

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42874

Primary Registration District No. 200

Registrar's No. 39

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9201 Althea Ave. /
(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 St. Louis 96

(c) City or town Afton
(If outside city or town limits, write "RURAL")

(d) Street No. 9201 Althea Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helen Frances Kinsella

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late Stephen Kinsella

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

7. Birth date of deceased Aug. (Month) 17th (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	4	19	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown Ubben
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Hemmen
15. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Helen E. Cunningham
(b) Address 9201 Althea Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 7- 1942 (Date received local registrar) (b) C. G. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1942 hour 8:50 minute P.M. M.

21. I hereby certify that I attended the deceased from DEC. 18th, 1941, to JAN. 5th, 1942,
that I last saw her alive on JAN 5th, 1942,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus with metastases to intestinal tract & liver	?
Due to Coronary Sclerosis	one year
Due to Chronic Interstitial Nephritis	2 1/2 years
Other conditions General Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy ✓

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Joseph E Doll (M. D. or other) 0
Address 2350 So. 9th St Date signed 1/7/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.E. Doll
235 L 9th St. at 10AM wed

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. McDermat

Licensed Embalmer No. 3024

P. O. Address.....

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

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