

FILED JAN 20 1942
288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42947
Registrar's No. 3

Registration District No. 288

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elms Nursing Home
(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

3. (a) PRINT FULL NAME Mary Ellen Kane

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Kane 6. (c) Age of husband or wife if alive years 1862 3
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 79 Months — Days — If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown (City, town, or county) (State or foreign country)
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Gruber

(b) Address 1221 MtClair Ave.

17. (a) Burial (b) Date thereof 1-5-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JAN 2 1942 (b) C. E. Mc... (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2520 McLaren Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1942 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 31 1941 to Jan 1 1942 that I last saw her alive on Dec 31 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Fall in which she struck the left side of her head

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 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) Accident
(b) Date of occurrence 1/5/42
(c) Where did injury occur? St. Louis St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At her home at Elms Nursing Home. (Specify type of place) (e) Means of injury

23. Signature H. D. Hawker M.D. (M. D. or other) Address 1506 Hodiamont Date signed 1/2/42

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

1505 Woodlawn
9th St

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 Warren G. Carver

Licensed Embalmer No. 3534

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.