V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942

State File No. 4538

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 1736

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:
De Paul Hospital
(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 6 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4939a Terry Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella M. Kanne

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 Widowed

6. (b) Name of husband or wife Louis P. Kanne

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

7. Birth date of deceased Dec. (Month) 2 (Day) 1877 (Year)

8. AGE: Years 64 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John J. O'Neill
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ella F. Robbins
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant James V. Holland
(b) Address 4939a Terry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-42 (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) FEB 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 23
year 1942 hour 7 minute Am.

21. I hereby certify that I attended the deceased from Febr. 8, 1942 to Febr. 23, 1942
that I last saw her alive on Febr. 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 wk

Due to Nephritis Chronic

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no 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 G. W. Ruddell (M. D. or other)
Address 1259 Mo. Kingshighway Date signed 2-24-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
1259 N Kingshighway
9-12

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.