

FILED MAY 13 1942
Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 2950

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:
3839 St. Louis 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 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 10 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3839 St. Louis Ave
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX 1

3. (a) PRINT FULL NAME Michael Joseph Kiely

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 2nd, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 0 hr. min.

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

10. Usual occupation Claim Adjuster

11. Industry or business Public Service Co

12. Name Mathew Kiely
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Fitzsimmons

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

16. (a) Informant Mrs Margaret Kiely

(b) Address 3839 St. Louis Ave

17. (a) Burial (b) Date thereof 5/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Hannigan & Sheahan Und Co

(b) Address 4415 Washington Blvd

19. (a) MAY 4 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd.
year 1942 hour 9:10 PM minute M.

21. I hereby certify that I attended the deceased from May 1 to May 1 1942
that I last saw h alive on May 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis 1942

Due to 80
Due to 76

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).....
(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) (c) Means of injury.....

23. Signature A. H. Sewerby (M. D. or other) Om A
Address 2342 Atholville Ave Date signed 5/2/42

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

MOTHER FATHER

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..... *Homer W. Fritz*
Licensed Embalmer No. *3882*
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.