

Registration District No.

Primary Registration District No.

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Shirley Ann Kay**

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

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

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

7. Birth date of deceased. **November 9, 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	2	28hr.min.

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

10. Usual occupation. **nil**

11. Industry or business.....

MOTHER FATHER { 12. Name. **Thomas Kay**
13. Birthplace. **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name. **Millie Poff**
15. Birthplace. **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Thomas Kay**
(b) Address. **1417 S. 7th Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **Feb. 7, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation. **Concordia Cemetery**

18. (a) Signature of funeral director. **Weick Bros.**

(b) Address. **2201 S. Grand Bl.**

19. (a) **FEB 9 1943** (b) **J. J. Pudelek**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 3**
(c) City or town. **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1417 S. 7th St.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **Feb.** day. **7**
year. **1943** hour. **6** minute. **0 P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. **Broncho Pneumonia.**

Duration

Due to.....
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).....
(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) (e) Means of injury.....

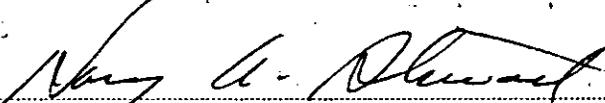
23. Signature. **W. J. Pudelek** (M. D. or other)
Address. **2201 S. Grand Bl.** Date signed **2/9/43**

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

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



Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.