U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16276

FILED MAY 27 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4576

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6604 St, Louis, Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna N. Kearey.

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 Married

6. (b) Name of husband or wife Charles Kearey

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 25 (Day) 1906 (Year)

8. AGE: Years 37 | Months 1 | Days 20 | If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name William C. Sharp
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Rhoda A. Stines.
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Charles M. Kearey.
(b) Address 6604 St, Louis, Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Avenue St. Louis, Mo

19. (a) MAY 17 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 29-42, 19..., to July 16-1943; that I last saw he alive on July 16-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Septic Myocarditis

Due to Lobar Bronchopneumonia

Due to

Other conditions Calculus 4 xxxx
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cesarean section 4-12-43
Of autopsy

Duration

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? (e) Means of injury none

23. Signature M. J. Hanrahan (Coroner or other)

Address 2739 N. Grand Date signed 5-16-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. F. Hermann.
2739 N. Grand Avenue.
Office Hours 9;30 to 11. -Week Days.
10 to 11. -Sunday's

NOV 20 1957

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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.