

FILED MAY 29 1943

Primary Registration District No. 6076

Registrar's No. 1726

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2207 Louise 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..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn,
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Louise Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ellen Kearney

3. (b) If veteran, name war No 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 John Kearney 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 9, 1863.
(Month) (Da.) (Year)

8. AGE: Years Months Days If less than one day
'79 7 14 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....
12. Name ? Pierce

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

14. Maiden name Johanna ?

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

16. (a) Informant Mrs. Lynn D. Wiedle

(b) Address 2207 Louise Ave.,

17. (a) Burial (b) Date thereof May 26/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 25 1943 (b) C. H. McKlaren, M.D.
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 6.04 minute P.M.

21. I hereby certify that I attended the deceased from March 23 1943 to May 23rd 1943
that I last saw her or alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to Ch. Myocarditis Indefinite

Due to Arterial Hypertension Indefinite

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 9/25

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 5
23. Signature C. H. McKlaren, M.D. (M. D. or other) MD
Address 3928 Swanton av Date signed 5-28-43

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*Dr. C. V. Wilcox,
3258 Broadway Ave
2.08 P.M.
Hi 2595*

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 *G. W. Wilkerson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis, Mo*

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.