

Registration District No. 1818 Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5023 Columbia 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 _____
years, months or days (much)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 5023 Columbia Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Kean

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1943 hour 12:55 minute _____ A.M. M.

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 April 23rd 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-18-43
_____ 19____ to 6-28 _____ 1943
that I last saw him alive on 6-26-43 _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Thromboplegia from cerebral hemorrhage

Due to hypertension

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

Other conditions Severely ill
(Includes pregnancy within 3 months of death)

Due to _____

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Patrick Kean

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

14. Maiden name Margaret Danahee

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

16. (a) Informant M. Hewitt

(b) Address 5023 Columbia Ave.

17. (a) Burial (b) Date thereof 6-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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 _____

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 20 1943 J. F. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature J. S. Shuck (M. D. or other) _____

Address 2908 Kingshighway Date signed 6-28-43

REGISTERED EMBALMER
No. 3024
2500 260 King & ...

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 Elmer D. Mc Dermott

Licensed Embalmer No. 3024

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.