

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

FILED JUL 17 1943 18

Registration District No. 18

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 17
(d) Street No. 4000 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Martin John Kinsella

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 Mamie Annie Kinsella 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 5, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 5 hr. min.

9. Birthplace Litchfield, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Tavern Proprietor

11. Industry or business

12. Name Thos. Kinsella.

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

14. Maiden name Mary Harrington

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

16. (a) Informant Mary Annie Kinsella
(b) Address 4000a Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 43 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter and Paul

18. (a) Signature of funeral director Daniel J. Brueck

(b) Address 1431 Union Blvd.

19. (a) JUL 11 1943 (Date received local registrar) J. J. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 1 minute 30 p M.

21. I hereby certify that I attended the deceased from June 6th 1943, to July 10th 1943 that I last saw h. m. alive on July 10th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs
Due to acute myocarditis
Due to Hypertension
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy Edema of lungs, Hypertensive heart & myocarditis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) m
(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 Briston C. Hall (M. D. or other) MD
Address 3102^{1/2} Lafayette Date signed 7/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

[Handwritten Signature]
Signed.....

Licensed Embalmer No..... *2915*

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.