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ev. 5-17-39  
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4352

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 196

Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7212 Forsythe Blvd /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7212 Forsythe Blvd  
(If rural, give location)

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

3. (a) PRINT FULL NAME Patirck J. Kinsella

3. (b) If veteran, name war no

3. (c) Social Security No. 489-18-2845

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1944 hour 8:30 minute P.M. M.

21. I hereby certify that I attended the deceased from July 7, 1943 to Jan 21, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret W. Kinsella

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 17 1866  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

78 0 4 hr. min.

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Retired Secretary

11. Industry or business Hanley-Kinsella Coffee Co

12. Name Edward J. Kinsella

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

14. Maiden name Agnes Farrell

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

16. (a) Informant S. Raymond Kinsella

(b) Address Ladue City, Mo.

17. (a) Burial (b) Date thereof 1 24 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Wagoner Mortuary

18. (a) Signature of funeral director 4161 Lindell Blvd  
(b) Address JAN 25 1944

19. (a) JAN 25 1944 (b) C. D. Mc Gaven, M.D.  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

Signature J. S. Bowman (M. D. or other)  
Address 490 3D Delmar Ave Date signed Jan 27 44

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

96  
3  
5

96  
3  
5

0

7

18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. J. L. Horman  
4903 Delmar Blvd.  
12.30. Tillg<sup>00</sup> = P.M. Sat.

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd.

**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.**