No. 2
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17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16481

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4947

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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12 94

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

(d) Street No. 4934 Berthold Ave
(If rural, give location)

(e) Citizen of foreign country? [illegible] (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SARAH L. KANE

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 2nd (Day) 1879 (Year)

8. AGE: Years 65 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Detroit (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Milliner retired 15 yrs.

11. Industry or business

FATHER
12. Name Michael Kane
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Sara Berry
15. Birthplace London (City, town, or county) England (State or foreign country)

16. (a) Informant Caroline Berkeley
(b) Address 4934 Berthold Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAY 29 1944 (Date received local registrar) J. L. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1944 hour 1:35 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1st 1944 to May 27 1944 that I last saw her alive on May 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis (Degenerative) | Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

Signature [illegible] (M.D. or other)

Address 634 N. Grand Date signed 5/29/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. A. White
Mo. Bldg.
9 30 - 1 2 30

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 Richard W. Storesand

Licensed Embalmer No. 4007

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.