

FILED OCT 7 1944

Registration District No. 317

Primary Registration District No. 3066

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

96  
4  
3

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
1342 Hughes Pl  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

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

(d) Street No. 1342 Hughes  
(If rural, give location)

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

3. (a) PRINT FULL NAME William H Kearney

3. (b) If veteran, name war No

3. (c) Social Security No. 488 20 6295

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1944 hour 1.30 AM minute..... M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Nettie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. May 1 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1943 to Sept 25 1944  
that I last saw h. live alive on Sept 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chemic Myocarditis Duration.....

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

60 4 28 hr. min.

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

10. Usual occupation Watchman

11. Industry or business American Car & Foundry Co

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Frances Kearney

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

14. Maiden name Unknown

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

16. (a) Informant Nettie Kearney

(b) Address 1342 Hughes Pl

17. (a) Burial (b) Date thereof 9 27 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

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?.....

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4288 S. Kingshighway

19. (a) SEP 29 1944 (b) G. S. Mathavan M.D.  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature G. E. Barnett (M. D. or other)  
Address 243 W. Jefferson Date signed 9/26/44

Dr Barnett

243 West Jefferson

**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.....

*Edwin P 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.**