

Registration District No. **318** 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:
City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mo. 15 days
 (Specify whether
 In this community 45 yrs. 1
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3959a N. 21st St.
 (If rural, give location)
 (e) Citizen of foreign country? American (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Kane
 3. (b) If veteran, name war NO
 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 Pauline
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased June 19, 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Chester, Ill.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Boiler Maker
 11. Industry or business Retired
 12. Name unknown
 13. Birthplace "
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace "
 (City, town, or county) (State or foreign country)
 16. (a) Informant C. Hannon

17. (a) Burial (b) Date thereof Oct 26-14
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Trinity Lutheran Cem
 18. (a) Signature of funeral director [Signature]
 (b) Address 3934 N. 20 St. St. Louis, Mo
 19. (a) OCT 25 1944 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
 year 1944 hour 5:30 p.m. minute _____ M.
 21. I hereby certify that I attended the deceased from June 8, 1944
 _____, 19____, to Oct. 23, 1944 _____, 19____;

that I last saw him alive on Oct. 23, 1944 _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Degenerative heart disease

Due to _____
 Due to _____
 Other conditions Senility
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 (1)
 23. Signature [Signature] (M. D. or other) _____
 Address 5800 Arsenal St Date signed 10-24

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

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

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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.....

Alfred J. Boedeker
.....
Licensed Embalmer No. *2663*
.....

P. O. Address.....

5934 Alpha Ave
.....

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.