

FILED SEP 4 1945 17

Registration District No. 17

Primary Registration District No. 3069

Registrar's No. 2104

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
55 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Kenney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Lawrence Kenney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17th., 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 5 8 _____ hr. _____ min.

9. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James O'Hearn
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Norris
15. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ellen Kenney
(b) Address 1602 Bellevue Ave.

17. (a) Burial (b) Date thereof 8-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadaver
18. (a) Signature of funeral director Charles J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 8-28-45 (b) E. G. Mc...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 Bellevue Ave. ?
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th.
year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Aug 22, 1945, to Aug 25, 1945, that I last saw her alive on Aug 25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 3 days
Due to _____
Due to 107

Other conditions _____ (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? _____

While at work? _____ (Specify type of place)
(e) Means of injury fall
Signature Valentina Isella (M. D. or other) 8/26/45
Address 3720 Washington Date signed _____

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

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.