

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED DEC 28 1945
Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether Memorial)

In this community 17
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5713 St. Louis Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELLEN KILLOREN

3. (b) If veteran, name was

3. (c) Social Security No.

4. Sex F 5. Color or race Wh.

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Owen Killoren

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

7. Birth date of deceased March 15 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1945 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 112/16/45 to 12/16/45, 1945
that I last saw her alive on 12/9/45, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>1</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Tilman

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. Barnett

(b) Address 107 Northland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredech

(b) Address 2449 Northland

19. (a) DEC 17 1945 (Date received local registrar) (b) J. F. Bredech (Registrar's signature)

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) (c) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette (City or town) (State)

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

Henry M. Brammer

Licensed Embalmer No. *4700*

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.