

FILED FEB 27 1946

Registration District No. _____

Primary Registration District No. 3069 3063

Registrar's No. 424

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1317 Big Bend Road
(If rural, give location)

(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Kelleher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1946 hour 4 minute 20 A. M.

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife Timothy J. Kelleher

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

7. Birth date of deceased Nov. 7 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>68</u> | <u>3</u> | <u>12</u> | hr. _____ min. |

Immediate cause of death Carbon monoxide poisoning

Due to (Illuminating & Cooking gas)

Due to Suicide.

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

10. Usual occupation At Home

Other conditions 16301
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Walsh

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

14. Maiden name Margaret Breen

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Feb. 19, 1946

(c) Where did injury occur? Richmond Hts., St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

16. (a) Informant Emory Martin

(b) Address 1317 Big Bend Road

17. (a) Burial (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

Physician _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 2-20-46 (b) E. W. Garrison
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? No (c) Means of injury Gas

23. Signature Arnold J. Willmann Coroner 3
(M. D. or other)

Address Clayton, Mo. Date signed 2-20-46

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

5902

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 Lindell

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.