

S. No. 2
OM-5-43
Rev. 5-17-39
1 X36671

FILED APR 18 1946
318

Registration District No. 318 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Mo. Pacific Hospital
(d) Length of stay: In hospital or institution 4-days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 3508 N. Praire Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stephen N. Kane
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8
year 1946 hour 1:58 minute P. M.
21. I hereby certify that I attended the deceased from April 5, 1946, to April 8, 1946.
that I last saw him alive on April 8, 1946, and that death occurred on the date and hour stated above.

4. Sex M.O. 5. Color or race W. 6. (a) Single, widowed, married, divorced M. 1

Immediate cause of death Uremia Duration 2 da.
Due to Degenerative heart disease 8 mo.
Other conditions
Major findings: Of operations
Of autopsy

6. (b) Name of husband or wife Kathryn Kane 6. (c) Age of husband or wife if alive - 58 60- years
7. Birth date of deceased May 19, 1884 (Month) (Day) (Year)
8. AGE: Years 61 Months 10 Days 19 If less than one day hr. min.

9. Birthplace St. Louis Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation Clerk, Terminal R.R.

11. Industry or business
12. Name Stephen Kane
13. Birthplace Ireland (City, town, or county) (State or foreign country)

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

14. Maiden name Bridget Hogan (City, town, or county) (State or foreign country)
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Instrument Mrs. Kathryn Kane
Address 3508 N. Praire Ave.

17. (a) Burial (b) Date thereof 4-11-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director 3840 Lindell Blvd.
(b) Address
19. (a) APR 9 1946 (Date received local registrar) (b) 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) (e) Means of injury
23. Signature James P. Slavick (M. D. or nurse)
Address Mo. Pacific Hosp. Date signed 4-8-46

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

13763

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 *W H Van Matre*.....

Licensed Embalmer No. *2825*.....

P. O. Address. *7340 Lafayette*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. _____
Local Registrar's No. 3268

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of April, 1946, before me appears Mrs. Kathryn Kane, who, upon her oath, states that the original record of ^{birth} death for Stephen N. Kane died 4-8 ^{born}, 1946 in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 6c should read 58 yrs

Instead of _____ 60 "

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Kathryn A Kane Inf. Relationship.
3508 N. Prairie Present Address.

Subscribed and sworn to before me this 25 day of April, 1946

My Commission expires 3/4/49 Gene Faldon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.
Dr. Jno. 12-11-1807 - Dr. E. Jacob
Juniata & Church

14809