

FILED MAY 9 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15269
4296

Registrar's No.

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:
2612 So. Grand Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **Katherine Kenneth**

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex..... **F.** / race..... **W**
 5. Color or
 6. (a) Single, widowed, married,
 divorced..... **Single**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased..... **April 18 1875**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 7 hr. min.

9. Birthplace..... **St. Louis**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Office Mgr. Bellereve Club**

11. Industry or business

12. Name..... **John Kenneth**
 13. Birthplace..... **Scotland**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Katherine Rodden**
 15. Birthplace..... **Ireland**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **J. C. Cowhey**
 (b) Address..... **6228 Pershing Ave.**

17. (a) **Burial** (b) Date thereof..... **4-28-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
 (b) Address..... **3840 Lindell Blvd**

19. (a) **APR 27 1947** (b) **J. S. Bredesch**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **2612 So. Grand Blvd.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **25th**
 year..... **1947** hour..... **12** minute..... **30 P.M.**

21. I hereby certify that I attended the deceased from..... **April 28th**, 1945 to..... **April 25th**, 1947
 that I last saw her alive on..... **April 25th**, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion 1 day
 Due to..... **Arterio Sclerosis** 5 years

Due to.....
 other conditions..... **Cholangitis** 2 years
 (Include pregnancy within 3 months of death)

Major findings:

Of operations..... **9H**
 Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)..... **no**
 (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..... **0**

23. Signature..... **J. F. Gallagher** (M. D. or other)
 Address..... **5903 Olive** Date signed..... **4/26/47**

JUN 21 1956

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 Dundell

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.