S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19008

Primary Registration District No. 1003

Registrar's No. 5379

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 3204 Harper St.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3204 Harper St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Kearney
3. (b) If veteran, name war –
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas J. Kearney
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 23 1892 (Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 7 If less than one day hr. min.
9. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name James Cavanaugh
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)
14. Maiden name Bridget Doyle
15. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Joseph Kearney
(b) Address 3204 Harper St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1947 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from May 24, 1947, 19..., to May 30, 1947, 19..., that I last saw her alive on May 28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis c Hypertension	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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

23. Signature Chas Jost (M. D. or other) M.D.
Address 3500 N. Grand Date signed 5/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) Charles Jost

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.....

Licensed Embalmer No. 4366

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.