

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

19029

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 13 1947 318

1003

Registrar's No. 5402

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hosp. D
(If not in hospital or institution, write street number or location)
1 day
(d) Length of stay: In hospital or institution..... 54 years (Specify whether
In this community..... years, months or days)

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. 2653 Nebraska Avenue (If rural, give location)
23 No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN MICHAEL KINSELLA

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. _____

4. Sex Male D 5. Color or race White D 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 November 21, 1895 (Month) (Day) (Year)

8. AGE: Years 53 58 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Tavern Owner.

11. Industry or business.....

12. Name John J. Kinsella D

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

14. Maiden name Anna Burke D

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

16. (a) Informant Mrs. Joseph H. Thaman

(b) Address 4001 Hartford Street

17. (a) Burial (b) Date thereof 6-2-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director.....

(b) Address 2117 East Grand Blvd.

19. (a) JUN 1 (b) J. F. Bredeek (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 21 1947 to May 29 1947 that I last saw him alive on May 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease, Chronic myocarditis

Duration 8 years 2 years

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 12H

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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 D

23. Signature John Deant (M. D. or other) M.D.

Address 28402 California Date signed 5-24-47

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

MOTHER FATHER

JUL 8 1961

Ch 0118

mark

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.