

Registration District No. **318**

Primary Registration District No. **1003**

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:
5822 Minerva Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **5822 Minerva Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Kerr

(b) If veteran, name war **none**

(c) Social Security No. **none**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **18 2/3** years
29 **1868**
(Month) (Day) (Year)

7. Birth date of deceased **August 29 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	10	8	hr. min.

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

10. Usual occupation **Housework**

11. Name of business **Hugh O. Kerr**

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

13. Name of person **Rose O'Rourke**

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

(a) Informant **James O'Hail**

(b) Address **5822 Minerva Ave.**

17. (a) **Burial** (b) Date thereof **7 9 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. J. Brennan**

(b) Address **1389 Union Blvd.**

19. (a) **JUL 8 1947** (b) **J. S. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
year **1947** hour **10** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Jan 1st** 19 **47** to **July 6** 19 **47**
(that I last saw her alive on **July 6** 19 **47**
and that death occurred on the date and how stated above.

Immediate cause of death **Chronic myocarditis** Duration **3 yrs.**
arterio sclerosis **June 20 47**
Due to **9/28**
Due to **9/28**
Other conditions **arterio sclerosis June 20 47**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **Surety J. Savary** (M. D. or other) _____
Address **607 N. Hollid** Date signed **7/8/47**

WRITE PLAINLY—USE INK—PREPARE CAREFULLY

CORRECTED BY: **James O'Hail**
5822 Minerva Ave.

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.....

Ray Campbell

Licensed Embalmer No. 3881

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 6469.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____ who, upon _____ oath, states that the original record of ^{birth} death
for Mary Kerr died 7-6, 1947 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 10 should read 5822 Ridge Ave
Instead of _____ "Minerva"

Item No. 7 should read 8-29-1871
Instead of _____ "1868"

Item No. 8 should read age 75,
Instead of _____ 78

Item No. 16b should read 5822 Ridge Ave
Instead of _____ "Minerva"

Item No. 2d should read 5822 Ridge Ave
Instead of _____ "Minerva"

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 Joseph G. Pundarik ^{Just}
Relationship Minister
1389 Union Blvd
Present Address

Subscribed and sworn to before me this 15th day of July, 1947.

My Commission expires April 8, 1950 Joseph Michael Quinn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

22391

