FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29186

FILED SEP 2 1947

Registration District No. 318 — Primary Registration District No. 1003 — State File No. 7894 — Registrar's No. 7894

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

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: De Paul (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 5

(d) Street No. 7353 Gayola Place (If rural, give location) 3

NR

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Katherine Kay

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July (Month) 21 (Day) 1876 (Year)

8. AGE: Years 71 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Timothy Shea 4

13. Birthplace Ireland (City, town, or county) (State or foreign country) 1

MOTHER

14. Maiden name Ellen Foley

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Grace Kay

(b) Address 7353 Gayola Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

AUG 19 1947

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th year 1947 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from June 14, 1947, to Aug 18, 1947 that I last saw her alive on Aug 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia	5 days
Due to Ac. glomerular nephritis	2 mo +
Due to Ac. cirrhosis of liver from a vitaminosis	2 mo +
Other conditions Anterior coronary thrombosis (Include pregnancy within 3 months of death)	Old

Major findings: Of operations — 94

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 R. Emmet Kane (M. D. ~~or other~~)

Address 1117 N Grand Date signed Aug 19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Item
A

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. 4029

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.