. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36661

Registrar's No. 2200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Edgewood Retreat College 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Berkley 1
(If outside city or town limits, write "RURAL")

(d) Street No. Natl. Bridge & McKibbon Ave. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary Killeen

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Thomas E. Killeen

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

7. Birth date of deceased Unknown (Month) 1872 (Day) (Year)

8. AGE: Years 72 | Months Unknown | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Patrick Burke
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridget Bayne 1
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Thomas E. Killeen 1

(b) Address 5433 East View Park-Chicago

17. (a) Burial 10-18-47 (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Darnelly

(b) Address 3840 Lindell Blvd

19. (a) 10-17-47 (Date received local registrar) (b) Bertha J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1947 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 9 1947 to Oct 16 1947 that I last saw her alive on Oct. 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	3 yr.
Due to: Arteriosclerotic heart disease, uncompensated	3 yr
Due to:	
Other conditions: Cardiac asthma; (Include pregnancy within 3 months of death) bronchial asthma - 8 yr	- 3 yr.

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 — 0

23. Signature James A. Sutton M.D. (M. D. or other)

Address 625 University Club Bldg St Louis, Mo. Date signed 10/16/47

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

Dr Strand
University Club Bldg
Room 625

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 Lindell

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.