

No. 2
-12-45
-17-39
X47070

FILED DEC 6 1947

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 10858

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution James Phillips Hosp
(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 Mo (b) County 00-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 N. Newstead 9
11 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE KIRWAN

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

4. Sex Female 5. Color or race Caucas 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Kirwan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Lorraine Daughen

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Melburn Kirwan

(b) Address 1706 N. Newstead

17. (a) Burial (b) Date thereof Oct 26, 47
(Burial, cremation, or removal) (Day) (Year)

(c) Place: burial or cremation Oakdale 26

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

(b) Address 2639 ...

19. (a) NOV 26 1947 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 1947 hour 11:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Right Hip
Dislocation
deceased fell to the sidewalk
while he was on Oct 29, 1947
at about 9:00 P.M.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 29, 1947

(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Sidewalk

While at work? _____ (Specify type of place)

23. Signature Thomas O. Collins (M.D. or other) _____

Address _____ Date signed 11-27-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

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.