

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

114286
14200
State File No. _____
Registrar's No. 4299

FILED MAY 15 1948

318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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: Park Lane Hospital
(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

3. (a) PRINT FULL NAME Alberta F. Kay

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fem. 5. Color or race W.

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

6. (b) Name of husband or wife Wm H. Kay

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

7. Birth date of deceased August 26, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	8	10	hr. _____ min.
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9. Birthplace unknown
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Ezra French

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

14. Maiden name Peacock

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

16. (a) Informant Wm H. Kay

(b) Address 4256 Washington Bl.

17. (a) removal (b) Date thereof 8-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herkimer N. Y.

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(Specify type of place)

(b) Address 4415 Washington Bl.

19. (a) MAY 7 1948 (b) J. F. Braddock
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

No. _____

(a) State _____ (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4256 Washington Bl.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1948 hour 2:30 minute 4 M.

21. I hereby certify that I attended the deceased from May 4th, 1948, to May 6th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to _____

Due to 1st

Other conditions acute pleurisy 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Lobar Pneumonia

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? _____

23. Signature Chloe B. Kane (M. D. or other) MD
Address 706 Walton Date signed 5/7/48

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 *Elmo R. Cadwell*.....

Licensed Embalmer No. *4077*.....

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.