

FILED JUL 3 1948 318
Registration District No. _____

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:
3748 Ohio
(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 Gail Kane

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

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

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

7. Birth date of deceased April 26, 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Gebhart Schertler
13. Birthplace Austra
(City, town, or county) (State or foreign country)
14. Maiden name Anna Beckman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Ross
(b) Address 3752a Minnesota Ave.

17. (a) Burial (b) Date thereof 6-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) JUN 29 1948 (b) J. F. Breckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3748 Ohio
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1948 hour 7 minute 45P. M.

21. I hereby certify that I attended the deceased from April
to June 26, 1948
that I last saw her alive on June 26
and that death occurred on the date and hour stated above. 1948

Immediate cause of death Myocardial Infarction
Duration 2 yrs.

Due to Rheumatic Fever

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
92

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature E. G. Edle (M. D. or other M.D.)
Address 4971 Chippewa Date signed 6-28-48

JUN 29 1948

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 *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *Athens, Mo*

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.