

No. 300  
M-10-47  
7-5-17-39  
I 3908

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27890**  
Registrar's No. **7177**

FILED AUG 23 1948  
Registration District No. **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:  
4242 Shaw Ave.  
(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 KATE M. KELLARD

3: (b) If veteran, name war None 3: (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 24 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 7 19 hr. min.

9. Birthplace New York New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Patrick Kellard

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

14. Maiden name Ann McMahon

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

16. (a) Informant Marion T. McNamara

(b) Address 4242 Shaw Ave.

17. (a) Burial (b) Date thereof 8-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) AUG 16 1948 (b) J. F. Bredet  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4242 Shaw Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13  
year 1948 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 1948 to Aug 13 1948  
that I last saw h. w. alive on Aug 10, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis  
Edema of lung  
Due to myocardial infarction

Duration  
?

Other conditions  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_  
23. Signature Thomas M. Martin (M. D. or other)  
Address 634 no grand Date signed 8/14

MO THORNTON Bldg

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 W. Kings Highway

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.