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 AUG 28 1948

Registration District No. 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27895

Registrar's No. 7309

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: DePaul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 wks. (Specify whether years, months or days)
In this community Life

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. 3908 Russell (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine T. Kennealy
3. (b) If veteran, name war None
3. (c) Social Security No. None
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 3-28-1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name John Kennealy
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Mary C. Kelly
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Wm. Kennealy
(b) Address 3908 Russell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Thos. J. Finan
(b) Address 1519 S. Grand Blvd.
19. (a) AUG 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-18 day 48 year hour 1 minute P.M.
21. I hereby certify that I attended the deceased from 6-24-48, 19, to 8-18-48 19; that I last saw her alive on 8-18-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of bladder	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Wayne [illegible] (M. D. or other)
Address 2729 W. [illegible] Date signed 8-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

70-2800

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 Ronald Gahnke

Licensed Embalmer No. 3917

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.