

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27899
Registrar's No. 7654

FILED SEP 13 1948

318

1008

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(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: St. Louis City Hospital-Max C. Starkloff
(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

JOHN KIELY

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
7. Birth date of deceased March 14 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 18 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Thomas Kiely

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

14. Maiden name Catherine Caughlin

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

16. (a) Informant Miss Mazie Geshon

(b) Address 3662 Wyomington

17. (a) Burial (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wojcik Bros and Co

(b) Address 2201 Grand Bl.

19. (a) AUG 31 1948 (b) J. T. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3662 Wyomington
Memorial (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 30th
year 1948 hour 5 minute 55 A.M.
21. I hereby certify that I attended the deceased from 8/26/48
to Aug. 30th 19 48
that I last saw him alive on Aug. 30th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy Same

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) (e) Means of injury _____

23. Signature William M. Brennan (Physician or other) _____

Address 1515 Lafayette Date signed 8/30/48

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

MOTHER FATHER

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.....

James K. Brown

Licensed Embalmer No.

4527

P. O. Address.

2201 S. Grand Bl

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.