

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6356**  
**1523**

FILED MAR 5 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1523**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>11-26-48</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3228 Henrietta St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3228 Henrietta St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecelia</b> b. (Middle) c. (Last) <b>Kinealy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-15-1949</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-27-04</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Dietz, Philip</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Kettlegardea</b>		14. NAME OF HUSBAND OR WIFE <b>Kinealy, John</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>John F. Kinealy</b>				ADDRESS <b>3228 Henrietta</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Carcinoma of Left Breast</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>50</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>1 year</b>
19a. DATE OF OPERATION <b>Aug. 1948</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Breast</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>11-26</b> , 1948, to <b>2-15</b> , 1949, that I last saw the deceased alive on <b>2-15</b> , 1949, and that death occurred at <b>9:05 P.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>L Eugene T. Smythek, M.D.</b>			23b. ADDRESS <b>607 N. Grand</b>		23c. DATE SIGNED <b>2-17-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 17 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schnur</b>		ADDRESS <b>3125 Lafayette Ave.</b>	

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Just Vollmer*

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 DuPont*

**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.