

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13887

State File No. 3827  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 8717 Hoover	

3. NAME OF DECEASED (Type or Print) John L. Kelleher			4. DATE OF DEATH (Month) (Day) (Year) 4/28/49		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH 9/5/1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Advance Sales Co. St. Louis, Mo.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John P. Kelleher	13b. MOTHER'S MAIDEN NAME Mary McMahon	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 489-07-7017	17. INFORMANT'S SIGNATURE OR NAME Gregory Kelleher	ADDRESS 8717 Hoover
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) Chronic Nephritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. 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) 131
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X
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22. I hereby certify that I attended the deceased from 4/8/49, 19\_\_ to 4/28/49, 19\_\_, that I last saw the deceased alive on 4/28/49, 19\_\_, and that death occurred at 11:30am, from the causes and on the date stated above.

23a. SIGNATURE W. Carter	(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 4/29/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/30/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.	ADDRESS 2849N. Euclid
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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 Robert L. Binkman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3553

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.