

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28224

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. _____ Registrar's No. **7652**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital 2		c. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo. 17	
		d. STREET ADDRESS (If rural, give location) 6940 Highland Ave. 9	

3. NAME OF DECEASED (Type or Print)	a. (First) Ellen Kelleher	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 15 1870	9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min. 78 2 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ireland 4	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Timothy O'Keefe	13b. MOTHER'S MAIDEN NAME Ann O'Connor	14. NAME OF HUSBAND OR WIFE John P. Kelleher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John P. Kelleher	ADDRESS 5940 Highland
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular haze		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Chronic nephritis		
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 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) 102
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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? 444X
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22. I hereby certify that I attended the deceased from **10** 19**49**, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at **11:25 P.** m., from the causes and on the date stated above.

23a. SIGNATURE William N. White (Degree or title) Cullinane Bros.	23b. ADDRESS 2803 Kings Highway 3320 N. Kings Highway	23c. DATE SIGNED 9/3/1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 5 1949	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. SEP 4 1949	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE James J. Cullinane	ADDRESS 3370 N. Kings
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Van M. Sizemore

Licensed Embalmer No.

4343

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.