

FILED APR 14 1950

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10671  
3162

BIRTH NO. #109629		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				9		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 6 - 5745 Wabada Ave.				2061		
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE			b. (Middle) Wm. Kiernan			c. (Last) <del>(KERNAN)</del>			4. DATE OF DEATH (Month) (Day) (Year) April 2nd, 1950	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Aug. 2, 1877		9. AGE (In years) (Last birthday) 72	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY State Sales Tax		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lawrence Kiernan			13b. MOTHER'S MAIDEN NAME Unknown O'Rourke			14. NAME OF HUSBAND OR WIFE Mrs. Lena Kiernan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Kiernan, 5745 Wabada Ave.				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 24 hrs  + 5 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 4/2/50			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-20-1						
22. I hereby certify that I attended the deceased from <u>3/18/50</u> , 19 <u>50</u> , to <u>4/2/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/2/50</u> , 19 <u>50</u> , and that death occurred at <u>4:30am</u> , 19 <u>50</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Donald E. J. ...</u>				23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 4/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. APR 4 1950		REGISTRAR'S SIGNATURE <u>J. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. ...</u>		ADDRESS 3840 Lindell Blvd.				

(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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Thomas R. Fenwick*

Signed.....

Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address. *3840 Linell*

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.