

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42465

State File No.

FILED JAN 2 1951

318

1007

10842

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Mo.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (Specify place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				d. STREET ADDRESS (If rural, give location) 3680 Finney Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) E.		c. (Last) Kinsella		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1950		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 6, 1870		
9. AGE (In years last birthday) 80		10. MONTHS 10		11. DAYS 13		IF UNDER 1 YEAR Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Police Dept.			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John E. Kinsella		13b. MOTHER'S MAIDEN NAME Catherine Davis		14. NAME OF HUSBAND OR WIFE Catherine Kinsella		
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 ADDRESS Mr. John Kinsella, 3680 Finney Ave.				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Senility</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 72 hrs.	
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) _____		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? 332X						
22. I hereby certify that I attended the deceased from <u>Aug.</u> , 19 <u>50</u> , to <u>Dec.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>50</u> , and that death occurred at <u>7:15 am</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. Hoffmann M.D.</u>				23b. ADDRESS <u>16 Hampton Village Pl.</u>		23c. DATE SIGNED <u>12/19/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 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. DEC 19 1950		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly</u> 0 Lindell Blvd.				

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

knock on door wont have to wait

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 Lindell*

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.