

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3239

State File No. ....

FILED JAN 25 1951

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>182</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>67</u> <u>Kirkwood</u>		4673			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's College</u>				d. STREET ADDRESS (If rural, give location) <u>Geyer &amp; Big Ben Roads</u>				U	
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Father John</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Kane C.S.S.R.</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Jan. 21, 1951</u>					
5. SEX <u>M. D</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>		8. DATE OF BIRTH <u>April 2, 1883</u>		9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	11. UNDER 10 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Dr. John J. Kane</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Belle Sweney</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Father Anthony Powers, St. Joseph's College</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> <u>5 yrs</u> DUE TO (c) <u>Hypertension</u> <u>11 yrs</u> 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"/>	
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)		331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 30, 1950</u> to <u>Jan 21, 1951</u> , that I last saw the deceased alive on <u>Jan 21, 1951</u> , and that death occurred at <u>9:20 AM</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward P. Rudy, M.D.</u>				23b. ADDRESS <u>607 No Grand</u>			23c. DATE SIGNED <u>1/22/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's College Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/22/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>			

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

4003

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.....

*W.A. Van Matre*

Signed.....

Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.