

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10935

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 777

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 68 Kirkwood  
 d. STREET ADDRESS (If rural, give location) St. Agnes Home

3. NAME OF DECEASED  
 a. (First) MARY b. (Middle) AGNES c. (Last) KANE

4. DATE OF DEATH Mar. 26, 1951

5. SEX Female  
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Nov. 15, 1862

9. AGE (In years, last birthday) 88 10. MONTHS 4 11. DAYS 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Kirkwood, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Kane

13b. MOTHER'S MAIDEN NAME Mary Grady

14. NAME OF HUSBAND OR WIFE Single

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. none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS J. L. Baldenweck, Kirkwood, Mo.

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lobar Pneumonia (bact)  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 11. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 12 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 490X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1951 to Mar. 26, 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Volkmann, M.D.

23b. ADDRESS 532 W. Big Bend

23c. DATE SIGNED 3/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/28/51

24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

DATE REC'D BY LOCAL REG. 3/26/51

REGISTRAR'S SIGNATURE Herbert R. Lomke, M.D.

FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.

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

4003  
55  
New York

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

*Peter B. Dubrouillet*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3691*

P. O. Address

*Richmond Heights, Mo*

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.