

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18174

State File No.

MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3933**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 Hrs.		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 4968 Itaska Street	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) J. c. (Last) Kane			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1952			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 15, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Edwin F. Guth		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Stephen Kane	13b. MOTHER'S MAIDEN NAME Bridget Hogan	14. NAME OF HUSBAND OR WIFE Cora Kane
---	---	---

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. 489-09-5470	17. INFORMANT'S SIGNATURE OR NAME John Kane	ADDRESS 4968 Itaska Street
---	---	---	--------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Subdural hemorrhage; when morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) he fell in the church at Elliott & Montgomerie Sts. DUE TO (c) while making an estimate for fixtures at Apr 24 1952		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 1:30 pm			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, room, factory, street, office, field, etc.) church	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 24 52 1:30 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 69046
---	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, Curator	23b. ADDRESS 1500 Clark	23c. DATE SIGNED 4-26-52
---	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-52	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 26 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd
--	---	---	-------------------------------------

S.P. (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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm S. Sayer

Licensed Embalmer No. 4199

P. O. Address St Charles, 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.