

STANDARD CERTIFICATE OF DEATH

1 AUG 23 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2169

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
d. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Louis Co. Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1805 W. Woodbine Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>CATHERINE</b>		c. (Last) <b>KEARNEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 16 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec 12 1878</b>	9. AGE (In years) (Last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Morgan Cleaning Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		

13a. FATHER'S NAME <b>Frank Kearney</b>		13b. MOTHER'S MAIDEN NAME <b>Abbie O'Feeffe</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-01-1685</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thos. Lawler, 1805 W. Woodbine</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple fractures and shock-</b> <b>suffered after she fell from a</b> ANTECEDENT CAUSES <b>second floor porch at her home</b> DUE TO (b) <b>during the night of Aug. 16, 1952.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>E9020</b>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>125</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY; TOWN; OR TOWNSHIP) (COUNTY) (STATE) <b>Kirkwood St. Louis Mo.</b>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>8/16/52 4:00</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell from second floor porch, -apparently confused.</b>

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 \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <b>Ernest J. Willmann</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>8/20/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>8-18-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc</b>	ADDRESS <b>Kirkwood Mo</b>
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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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.