

No. 300  
10-48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30255

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2125

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 OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>CLAYTON</u>	
c. LENGTH OF STAY (in this place) <u>27 YRS</u>		4. STREET ADDRESS (If rural, give location) <u>6600 WYDOWN BL.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6600 WYDOWN BL.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 8<sup>th</sup> 1952</u>	

3. NAME OF DECEASED (Type or Print) <u>CATHERINE KEHOE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 8<sup>th</sup> 1952</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 19-1865</u>	9. AGE (In years last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>THOMAS KEHOE</u>		13b. MOTHER'S MAIDEN NAME <u>JANE CARROLL</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Kehoe - 6600 Wydown Bl</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis - pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Terminal congestive cardiac failure</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Cardiac failure</u>		DUE TO (c) <u>2 mo</u>	
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)	
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?	

22. I hereby certify that I attended the deceased from 8-8-52 to 8-2-, 1952, that I last saw the deceased alive on 8-2-, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>8.9.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
24d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		24e. (State) <u>MO</u>			

DATE REC'D BY LOCAL REG. <u>8-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. MULLEN UND.</u>	
				ADDRESS <u>Co 5165 DELMAR</u>	

52 (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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ronald O. York*

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

*3417*

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

*St Louis*

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.