

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36562

State File No.

9953

FILED NOV 13 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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, Mo. c. LENGTH OF STAY (In this place) 3-days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

d. STREET ADDRESS (If rural, give location) 12 4623 Pershing Ave.

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) Reid c. (Last) Kinsella

4. DATE OF DEATH (Month) (Day) (Year) 10 28 52

5. SEX M. 0

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.

8. DATE OF BIRTH March 8, 1891

9. AGE (In years less birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 61 7 20

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Daniel S. Kinsella

13b. MOTHER'S MAIDEN NAME Louise Reid

14. NAME OF HUSBAND OR WIFE Mrs. Lucille Kinsella

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Kinsella, 4623 Pershing Ave.

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.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease & Rheumatic heart disease c decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from Oct. 27, 1952, to Oct. 28, 1952, that I last saw the deceased alive on Oct. 28, 1952, and that death occurred at 8:30A. m., from the causes and on the date stated above.

23a. SIGNATURE F. R. Bradley (Degree or title) M. D.

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 10/28/52

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

24b. DATE Oct. 30, 1952

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

DATE REC'D BY LOCAL REG. OCT 29 1952

REGISTRAR'S SIGNATURE J. C. Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1962

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

[Handwritten Signature]

Licensed Embalmer No. 4699

P. O. Address [Handwritten 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.