

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40390**
Registrar's No. **10074**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 1/2 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 4030a Easton Avenue	
3. NAME OF DECEASED a. (First) Gertrude (Type or Print)		b. (Middle) Kinsella c. (Last)	
4. DATE OF DEATH 10 - 30 - 1952		5. SEX Fem	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 9 - 30 - 1869		9. AGE (In years last birthday) Months Days Hours Mins. 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Peter 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wlater Kinsella, 3914 Beachwood Av	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chr. Thyroiditis *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) Chr. Thyroiditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) O.K. graft in leg II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fa. sh. hip			
19a. DATE OF OPERATION Oct 1 - 1952		19b. MAJOR FINDINGS OF OPERATION Ununited fracture of rt hip	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) In home	
21b. PLACE OF INJURY (e.g. In or about home, farm, factory, post, office bldg., etc.) In home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 12 1951 10:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Fall down steps 4222	
22. I hereby certify that I attended the deceased from Aug 13, 1952 , to Oct 30, 1952 , that I last saw the deceased alive on Oct 30, 1952 , and that death occurred at 8:40p m., from the causes and on the date stated above.			
23a. SIGNATURE M. A. [Signature]		23b. ADDRESS 8924 St. Charles St. St. Louis Mo	
23c. DATE SIGNED 11/1/52		24. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
24a. LOCATION (City, town, or county) (State) St. Louis County Mo.		24b. DATE 11/3/52	
24c. DATE REC'D BY LOCAL REG. NOV 3 1952		24d. REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25. ADDRESS D ehmann-Harral 1905 Union Blvd.	

Dr. M. A. Diehr
8924a St. Charles Rock Rd.
and
Coroner
Sat. 10-12AM

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 Albert R. Thompson

Licensed Embalmer No. 42 137

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.