

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **710**

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

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>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood 4673</b>	
c. LENGTH OF STAY (In this place) <b>DOA</b>		d. STREET ADDRESS (If rural, give location) <b>701 Dougherty Ferry Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute County Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>T.</b>	c. (Last) <b>KEARNEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 3 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 7, 1889</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman-Algonquin Golf Club</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown Kearney</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Kearney</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella Kearney</b>	ADDRESS <b>701 Dougherty Ferry Rd.</b>
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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) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Cirrhosis of Liver</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5810</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Oct 19, 1951**, to **Mar 3, 1953**, that I last saw the deceased alive on **Jan 27, 1953**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry F. Scott M.D.</b>	23b. ADDRESS <b>Bellvue Mo</b>	23c. DATE SIGNED <b>Mar 4-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtd)</b>	24b. DATE <b>Mar. 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Oakville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-4-53</b>	REGISTRAR'S SIGNATURE <b>Harbert R. Donk M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway Bl</b>
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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 *Edwin A. M. Herriott* .....

Licensed Embalmer No. *3024* .....

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.