

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34637

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>2407</u>
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2007</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>NONE UNKNOWN</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>				
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>KILLOREN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 8 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov. 20, 1900</u>	9. AGE (In years last birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</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>OWEN KILLOREN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TIERNON</u>	14. NAME OF HUSBAND OR WIFE <u>- NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-16-7366</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT KOCH HOSPITAL RECORDS</u>	
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) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
		ANTECEDENT CAUSES Morbidity 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.		
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 <u>Sept 4, 1953</u> , to <u>SEPT 8, 1953</u> , that I last saw the deceased alive on <u>SEPT 8, 1953</u> , and that death occurred at <u>4:15pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>D.A. Janice</u>		23b. ADDRESS <u>Robert Koch Hospital, Koch, Mo.</u>		23c. DATE SIGNED <u>Sept 8, 1953</u>
24a. REMOVAL (Specify)	24b. DATE <u>9/11/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/10/53</u>	REGISTRAR'S SIGNATURE <u>Hebert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan's Euclid at St. Louis</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

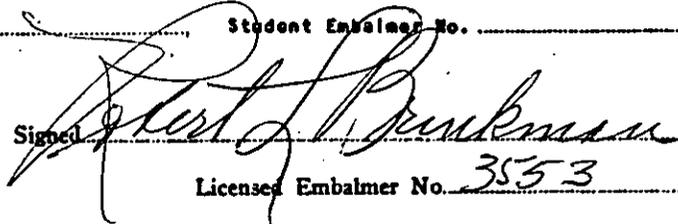
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed



Licensed Embalmer No. 3553

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.