

FILED APR 26 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13639**

318

1003

3272

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**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **3959^A N. 21ST ST.**

STREET ADDRESS (If rural, give location) **26 3959^A N. 21ST ST. 2269**

3. NAME OF DECEASED
a. (First) **PAULINE**

b. (Middle) _____ c. (Last) **KANE**

4. DATE OF DEATH (Month) (Day) (Year) **APR. 11, 1954**

5. SEX **F.**

6. COLOR OR RACE **W.**

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

8. DATE OF BIRTH **APR. 9, 1880**

9. AGE (In years last birthday) **74**

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

10b. KIND OF BUSINESS OR INDUSTRY **RETIRED**

11. BIRTHPLACE (City and State or Foreign Country) **QUINCY ILLINOIS**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **UNK. ZIMMERMAN**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **HARRY KANE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Nelson Prothers 4959 Ashby 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) **Coronary - Sclerotic Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
DUE TO (b) **Myocarditis**
DUE TO (c) **Endocarditis**
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 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) **420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1948**, 19____, to **1954**, 19____, that I last saw the deceased alive on **4/8**, 1954, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W.O. Mowbray M.D.**

23b. ADDRESS **3625 Fairco**

23c. DATE SIGNED **4/10/54**

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

24b. DATE **4/13/54**

24c. NAME OF CEMETERY OR CREMATORY **TRINITY LUTHERAN**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS CO. MO**

DATE REC'D BY LOCAL REG. **APR 12 1954**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wiedmeyer & Co. 3934 N. 20th**

F.P. (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.....
Signature of Student Embalmer

Signed *J. Allen Davis Jr.*.....

Licensed Embalmer No. *495*.....

P. O. Address *St. L.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.