

FILED DEC 13 1954

STANDARD CERTIFICATE OF DEATH

38926

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10109

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN Ferguson <i>411 9</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 739 N. Elizabeth Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Irene		b. (Middle) Ann	
		c. (Last) Killian		4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH <i>1897</i> Nov. 10, 1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years) (has birthday) (Months) (Days) (Hours) (Min.) <i>56</i>	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Edward Mulligan		13b. MOTHER'S MAIDEN NAME Elizabeth Gunning		14. NAME OF HUSBAND OR WIFE Lee Killian	
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 Lee Killian, Ferguson, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc., but the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c) <i>Tuberculosis Pulmonary</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Glomerulonephritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i> <i>2 yrs.</i> <i>Unknown</i> <i>3 yrs.</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>002X</i>	
22. I hereby certify that I attended the deceased from <i>Jan 2, 1903</i> , to <i>Nov 6, 1954</i> , that I last saw the deceased alive on <i>Nov 5, 1954</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>M D Johnson M D</i>			23b. ADDRESS <i>Ferguson Mo</i>		23c. DATE SIGNED <i>11-9-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>11/9/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. NOV 8 1954		REGISTRAR'S SIGNATURE <i>J. Cash Smith M.D.</i> <i>m 98</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>White Chapel, Ferguson, Mo.</i>	

(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 *Eleana Province*

Licensed Embalmer No. *340*

P. O. Address *Jennings*

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.