

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21925**

FILED JUN 20 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5417**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5417					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri		b. COUNTY _____					
c. LENGTH OF STAY (in this place) 1 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 4535 Lindell Av.		_____					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.				_____							
3. NAME OF DECEASED (Type or Print)			a. (First) Irene Kealty			b. (Middle) _____					
c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 6/4/56			_____					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/8/90		9. AGE (In years last birthday) Months Days Hours Min. 65			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At. Home			10b. KIND OF BUSINESS OR INDUSTRY House Wife			11. BIRTHPLACE (State or foreign country) St. Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Rudolph Von Lunenschloss				13b. MOTHER'S MAIDEN NAME Rose McCarthy				14. NAME OF HUSBAND OR WIFE Joseph L. Kealty			
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 Joseph L. Kealty, 4535 Lindell Av.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 wks			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage						10 yrs			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Vas Disease									
		DUE TO (b) _____ DUE TO (c) _____									
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19b. MAJOR FINDINGS OF OPERATION		_____						443x			
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 June 1956 , to 6-4-56 , that I last saw the deceased alive on 6-4-1956 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Carl J. Kealty				23b. ADDRESS 180 S. Kings Highway				23c. DATE SIGNED 6-5-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/7/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri					
DATE REC'D BY LOCAL REG. JUN 6 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LAWRENCE MULLEN & SONS 165 Delmar Bl.					

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

*Dr. Carl
Pier*

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 _____

Licensed Embalmer No. *4572*

P. O. Address *St. Louis, Mo.*

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.