

FILED MAR 28 1957

STANDARD CERTIFICATE OF DEATH

State File No. 10514  
Registrar's No. 1786

|  |  |  |   |  |  |   |  |
|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 318   |   | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 1786  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis   |  | c. LENGTH OF STAY (in this place) D.O.A.   |   | c. CITY OR TOWN St. Ann 4071 0   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 38 D.O.A. City Hospital  |  |  |   | e. STREET ADDRESS (If rural, give location) 27 10966 St. Henry   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) J. c. (Last) Kane  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1957 |  |  |   |  |
| 5. SEX Male 0  |  | 6. COLOR OR RACE White   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  | 8. DATE OF BIRTH Sept. 22, 1904   |  |
| 9. AGE (In years last birthday) 52   |  | 10. IF UNDER 1 YEAR Months _____ Days _____  |   | 10. IF UNDER 12 HRS. Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Ins. Adj.   |  | 10b. KIND OF BUSINESS OR INDUSTRY American Credit Indemnity Co.  |   | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0  |  | 12. CITIZEN OF WHAT COUNTRY? USA  |  |
| 13a. FATHER'S NAME Eugene Kane   |  |  | 13b. MOTHER'S MAIDEN NAME Katherine Mitchell        |  |  | 14. NAME OF HUSBAND OR WIFE Agnes Langton   |  |
| 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. 492-05-7176  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Agnes Kane 10966 St. Henry La.  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis    |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | II. ANTECEDENT CAUSES<br>Asorbid conditions, if any, giving DUE TO (b) _____<br>DUE TO (c) _____       |   |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |  |  |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION 420.1   |   |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ m.   |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:55 P.M., from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 23. SIGNATURE James M. Kelly, Emballer   |  |  |   | 23b. ADDRESS 1300 Clark  |  | 23c. DATE SIGNED 2-21-57  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE Feb. 24, 1957  |   | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  |  | 24d. LOCATION (City, town, or county) (State) St. Louis Mo.   |  |
| DATE REC'D BY LOCAL REG. FEB 21 1957   |  | REGISTRAR'S SIGNATURE [Signature]  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 7267 Natural Bridge   |  |   |  |

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..... *Homer H. Fritz*

Licensed Embalmer No. *3882*

P. O. Address..... *St. Louis*

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.