

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027494

FILED VS JUL 21 1959

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1842 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings	Length of stay in 1b 4 yrs.	c. CITY OR TOWN Jennings	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8890 Boyce Pl		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8890 Boyce Pl
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First John Middle J. Last Kinealy Sr.			4. DATE OF DEATH Month 7 Day 6 Year 59			
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/15/97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Tester	10b. KIND OF BUSINESS OR INDUSTRY Forest Cadillac	11. BIRTHPLACE (City and state or country) St. Louis	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME John J. Kinealy	13b. MOTHER'S MAIDEN NAME Mary Regan	14. NAME OF HUSBAND OR WIFE Helen Kinealy
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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. 494-03-4654	17. INFORMANT Mrs. Helen Kinealy 2228	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Coronary Occlusion		Arrived
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Posterior Coronary Infarction 30 days	
	DUE TO (c) Acute Myocardial Pathology Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from June 2/59 to July 7/59 and last saw him live on July 2/59 Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE George S. Melan MD (Degree or title)	22b. ADDRESS 3903 Olive St. St. Louis Mo.	22c. DATE SIGNED 7/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/10/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Mo.
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24. FUNERAL DIRECTOR Robert D. Kinealy	ADDRESS 2228 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. 7-9-59	26. REGISTRAR'S SIGNATURE John C. Murphy, MD
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

NOV 4 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
 or by _____ Student Embalmer No. _____
 working under my personal supervision.
 Student _____ Signature of Student Embalmer _____
 Signed _____

Licensed Embalmer No. 432
 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.