

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030855

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7824** STATE FILE NUMBER

FILED AUG 28 1961

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| 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, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 5-yrs. | c. CITY OR TOWN White Plains |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 102 Old Mamracomack Road |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Schuette Last Kearney | | 4. DATE OF DEATH Month August Day 21st. Year 1961 | |

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| 5. SEX F. | 6. COLOR OR RACE W. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/24/1882 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Charles, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S. | |

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| 13a. FATHER'S NAME Frank Schuette | 13b. MOTHER'S MAIDEN NAME Anna Winkle | 14. NAME OF HUSBAND OR WIFE Frank J. Kearney |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Mrs. Mildred K. Scarry, 3510 Miami St. |

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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: IMMEDIATE CAUSE (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 5 min |
| DUE TO (b) Congestive heart failure | | |
| DUE TO (c) | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) None |
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|---|---|--|--------|-------|
| 20c. TIME OF INJURY Hour None Month, Day, Year | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | 20f. CITY, TOWN, OR LOCATION St. Louis | COUNTY | STATE |
| 21. I attended the deceased from 8/20/61 to 8/21/61 and last saw her/him alive on 8/21/61 . Death occurred at 11:59 pm. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) Richard J. Donnelly, M.D. | 22b. ADDRESS 819 Locust | 22c. DATE SIGNED 8/21/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/24/1961 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Richard J. Donnelly 3840 Lindell Blvd. | 25. FILED RECD. BY LOCAL REG. AUG 22 1961 | 26. REGISTRAR'S SIGNATURE Richard J. Donnelly, M.D. |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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



Licensed Embalmer No. 4699

P. O. Address 3840 [unclear]

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.