

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012866

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

3216

FILED APR 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**

Length of stay in 1b **12 hrs**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.**

Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits Yes No

d. STREET ADDRESS **3540 A McKean Ave.,** (If outside, give location)

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First **James** Middle **Joseph** Last **Kiley**

4. DATE OF DEATH Month **March** Day **26** Year **1962**

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. **part of 1964**
1-7-1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

seller

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Toledo Ohio

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Kiley

13b. MOTHER'S MAIDEN NAME

Mary Hade

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT

Address

Miss Margaret Kiley 3540 a McKean

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal obstruction

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma Sigmoid colon

1 yr.

DUE TO (c)

153.3

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.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 1943** to **March 25, 1962** and last saw him alive on **March 23, 1962**

Death occurred at **12.01 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E.R. Sheridan M.D. (Degree or title)

22b. ADDRESS

1755 So Grand Ave.

22c. DATE SIGNED

3-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/28/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

E.J. Schnur

ADDRESS

3125 Lafayette

25. DATE RECD. BY LOCAL REG.

MAR 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1
2 216
3
4 a
5 0
6
7 1
8 1
9
10
11
12 69-0
13

69

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 Jose B. Hollman

Licensed Embalmer No. 2014

P. O. Address 3125 Lafayette

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.