

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037079

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2550

FILED
SEP 20 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 University City		c. CITY OR TOWN University City	
Length of stay in 1b 30 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7382 Northmoor Dr.		d. STREET ADDRESS (If outside, give location) 7382 Northmoor Dr.	

3. NAME OF DECEASED (Type or print) First MAE Middle MARGARET Last KANE			4. DATE OF DEATH Month Sep. Day 1 Year 1962		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1932	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Position Classifier-Civil Service		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME James O'Neill		13b. MOTHER'S MAIDEN NAME Agnes Brown		14. NAME OF HUSBAND OR WIFE Late Eugene P. Kane	
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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. None		17. INFORMANT Lucille O'Neill 7382 Northmoor Dr.	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary embolus			45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Thrombo phlebitis rt. popliteal vein			2 weeks
DUE TO (c) Rheumatic valvular heart dis. Aortic mitral			years?

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	
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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.)	
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20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year			
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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 Dec. 1960 to Sept 1, 1962 and last saw her alive on Sept 1, 1962
Death occurred at 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John J. Hammond M.D.</i>	(Degree or title)	22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 9/2/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sep. 4, 1962	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR Kriegshauser 9450 Olive St. Road	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-2-62	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICSTATEMENTBY.LICENSED EMBALMER

I hereby certify that 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 working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above (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.