

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City..... *St. Louis*

(No. *Union Station*)

File No. **25800**

Registered No. **7634**

St. _____ Ward)

2. FULL NAME

Thomas P. Kenney

(a) Residence. No. *5517 Maffett* St., *6* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Kenney

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 10 1873

7. AGE

56

2

14

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Coffee Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

PARENTS

10. NAME OF FATHER

James Kenney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Ann Armstrong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

*Mary Kenney
5517 Maffett St.*

15.

FILED

71 25 1928

*W. E. Stankoff
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 24 1928

17.

I HEREBY CERTIFY That I attended deceased from *June 1st 1928* to *July 21st 1928* that I last saw *him* alive on *July 21st*, 19*28*, and that death occurred, on the date stated above at *8* *a*.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Myocarditis (Chronic)
925
77*

CONTRIBUTORY (SECONDARY)

*Arterio-sclerosis
(duration) 1 yrs. 2 mos. da.
(duration) 1 yrs. 2 mos. da.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

*7/24 1928 (Signed) W. E. Stankoff, M. D.
(Address) 2702 N. Grand Ave.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cemetery

7-27 1928

20. UNDERTAKER

ADDRESS

Arthur Donnelly 2039 West St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

near J. C. Lee
2702 N. Grand.