

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

Do not use this space.

19718

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1000

City St. Louis

(No. 500 S. Kings Highway St. Ward)

File No.

Registered No. 5699

2. FULL NAME Kenneth Maynard

(a) Residence No. 6388 Smiley St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3 - 31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 10th 11th St.
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Kenneth Maynard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Dorothy Spencer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT M. Brown
(Address) 500 S. Kings Highway

15. FILED MAY 18 1931 Max C. Stankovic REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17-1931

17. I HEREBY CERTIFY, That I attended deceased from 5-7-31, 1931, to 5-17-, 1931, that I last saw him alive on 5-16-, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brunchapneumonia (Primary)
lung Abscess
Empyema (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Respiratory obstruction
inflammatory (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Alexis F. Hartman M. D.

. 19 (Address) St. Louis Childrens Hosp

*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 Cemetery DATE OF BURIAL May 19 1931

20. UNDERTAKER Mullen and Co. ADDRESS Delmar Blvd

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.

