MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33765

File No. 9061

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 903

City St. Louis Mo. (No. 1803A Rutger St. St. ..... Ward)

2. FULL NAME Elizabeth Kennedy

(a) Residence, No. 1803A Rutger St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Lawrence Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 - 1869

7. AGE: YEARS 63 | MONTHS — | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " 235
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

FATHER

13. NAME: John Corcoran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 16

MOTHER

15. MAIDEN NAME: Bridget Dwyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mr Lawrence Kennedy 1803A Rutger St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct 15 1932

19. UNDERTAKER (ADDRESS): E. J. Schnur 3125 Lafayette Av.

20. FILED OCT 13 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1932 to Oct. 12, 1932
I last saw her alive on Oct. 12, 1932. Death is said to have occurred on the date stated above, at 5:15A.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis (acute exacerbation) 93C

Date of onset

Other contributory causes of importance: Acute cholecystitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. F. Henke, M. D.
(Address) 2206 Howard St