



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.

*Correction in age*

**SUPPLEMENTARY**

**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. 1003  
 City St. Louis Mo. (No. City Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

John Kenney  
 (a) Residence No. 4632 Alexander St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 - 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 2 28

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Street Repl.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 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) Ireland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Tom Kenney  
 (ADDRESS) 4632 Alexander

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 25 1934

19. UNDERTAKER Ziegenhain Bros.  
 (ADDRESS) 2614 3 6th St.

20. FILED 7-031- 1934 J. A. Fredrick

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 - 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

**SUPPLEMENTARY**

*6111*

A F F I D A V I T .

State of Missouri, )  
City of St. Louis, ) SS.

I, Thomas D. Kenney, being of lawful age and residing at 4632 Alexander Street in the City and State above named, first being duly sworn state on my oath:-

That John Kenney who died at the City Hospital in this City on the 23d day of June 1934 was my uncle and resided with me for a number of years. I further swear that the aforementioned John Kenney during his life repeatedly told me that the date of his birth was March 25th 1874 and that family records shown me bear out the statement that his correct age at the time of his death was 60 years 2 months and 28 days.-

signed Thomas D. Kenney

On this 18th day of July 1934, personally appeared Thomas D. Kenney, to me known to be the person who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.-

In testimony whereof I have hereunto set my hand and affixed my official seal on the day and year above written.-

Henry Kropp  
Notary Public.

My commission expires February 3d 1937.

**A F F I D A V I T .**

State of Missouri,) ss.  
city of St. Louis,)

I, Albert Ziegenhein, Secretary & Treasurer of Ziegenhein Bros Livery & Undertaking Co of 2623 Cherokee St in the City and State above named, first being duly sworn, on my oath state the following:- On the 23d day of June 1934 we received the dead body of JOHN KENNEY, of 4632 Alexander St who on that day had died at the City Hospital and that on the 25th day of June 1934 officiated at his burial in Calvary Cemetery.-

I further swear that the date of birth given in the DEATH CERTIFICATE of the aforementioned JOHN KENNEY (i.e. March 16th 1869) was an error in transcription and that the CORRECT DATE OF BIRTH IN SAID CERTIFICATE SHOULD BE GIVEN as March 25th 1874. The age of the deceased should be given as 60 years 2 months and 28 days.-

Signed Albert Ziegenhein

On this 29th day of July 1934, personally appeared Albert Ziegenhein, to me known to be the person who executed the above instrument and acknowledged that he executed the same as his free act and deed.-

In testimony whereof I have hereunto set my hand and affixed my official seal on the day and year above written.-

Henry Kropp  
Notary Public.

My commission expires February 3d 1937.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....*St. Louis* (No.....) St..... Ward.....

Registration District No. *791*  
Primary Registration District No. *1003*

File No.....  
Registered No. *6141*

**2. FULL NAME**

(a) Residence, No. *John Kenney* St. 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. 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 *w* (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*65 3 7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *7-31-* 19 *31 J. J. Predeck*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 23, 1934*

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on....., 19..... Death is said

to have occurred on the..... above, at..... m.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of rectum  
caused by hyper-metastatic  
cancer of abdominal  
vessels of metastatic  
primary infection*  
Other contributory causes of importance:  
*pneumonia - bronchial  
terminal*

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)....., M. D.

(Address).....

**SUPPLEMENTARY**

PLACES WHERE THIS CERTIFICATE IS COMPLETED AS PRESCRIBED BY LAW.  
APPLIED. AGE SHOULD BE STATED IN YEARS. OCCASION IS VERY IMPORTANT.  
MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCASION IS VERY IMPORTANT.