

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.

AUG 17 1935

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

Do not use this space.

23398

1. PLACE OF DEATH

49 County St. Louis
Township St. Louis
City St. Louis (No. 13)

Registration District No. 409
Primary Registration District No. 4242

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Leopold Centrell Kennedy
(a) Residence, No. Duennweg 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9-1866

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
69 2 3

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

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

10. Date deceased last worked at this occupation (month and year) 1911 ago 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Benjamin Kennedy

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

15. MAIDEN NAME Elizabeth R. Estes

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

17. INFORMANT Mrs. Carrie Kennedy (ADDRESS) Duennweg

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE July 12, 1935

19. UNDERTAKER Frank Lester Co (ADDRESS) 12th St

20. FILED 7-15-1935 J. W. Keeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934, to July 1, 1935. I last saw him alive on July 1, 1935. Death is said to have occurred on the date stated above, at 10 a. m.

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

Chronic Valvular Heart Disease

Other contributory causes of importance:

Name of operation ASW 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) R. B. Taylor, M. D.
(Address) J. J. Taylor, Mo.

SECRET

CONFIDENTIAL

CONFIDENTIAL