

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

Do not use this space.

**MAR 12 1936**

**8399**

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....*St. Louis*

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. *413<sup>rd</sup> Sidney*)

File No.....  
Registered No. **2081**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *413<sup>rd</sup> Sidney* St., *23* 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**

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Grace Kennedy</i>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 10-1899</i>			
7. AGE	YEARS <i>36</i>	MONTHS <i>11</i>	DAYS <i>14</i>
IF LESS than 1 day, ..... hrs. or ..... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labourer</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>PWA</i>		
	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) <i>Pulaski Ill.</i>			
FATHER	13. NAME <i>Gary Kennedy</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>		
MOTHER	15. MAIDEN NAME <i>Mary Waley</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>		
17. INFORMANT (ADDRESS) <i>Grace Kennedy 413<sup>rd</sup> Sidney</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cape Breton, Feb 25 36</i>			
19. UNDERTAKER (ADDRESS) <i>Wachter, Kelderle 2331 Broadway</i>			
20. FILED <b>FEB 25 1936</b> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 24 1936*

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 *4:10* p.m.

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

*Chronic Myocarditis-Atherosclerosis - Chronic Interstitial Nephritis - Splenitis*

Other contributory causes of importance:

*131*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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).....

*W. J. ... M.D. 2/25/36*

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.

2000

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DATE OF BIRTH: 1940-01-01  
PLACE OF BIRTH: ...

NAME: ...  
ADDRESS: ...

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