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 1 8

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 48725

Township ..... Primary Registration District No. ..... Registered No. 8045

City St. Louis, Missouri (No. City Hospital No.1 St. ..... Ward)

B.6287 Baby Kennedy

2. FULL NAME

(a) Residence, No. 1703 Cora Avenue St., 11 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1936

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil
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): St. Louis, Missouri

FATHER

13. NAME: Thomas Kennedy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: / Anna ? (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 7-31-36

19. UNDERTAKER (ADDRESS): David Day Fassan

20. FILED JUL 30 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/24/36, 19..., to 7/24/36, 19...

I last saw her alive on 7/24/36, 19... Death is said to have occurred on the date stated above, at 4.00 A m.

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

Stillborn

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) [signature] M. D.

(Address) City Hospital No.1