

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No.
Jewish Hospital

791
1003

File No. 8353
Registered No. 1804
St. Ward)

2. FULL NAME Clyde E. Kennedy

(a) Residence, No. 5327 Maffitt Ave. St. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 0

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

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

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) Sedalia Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ann Kempland Kennedy (ADDRESS) 5327 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb., 12th 1937

19. UNDERTAKER (ADDRESS) Street & Carroll U.S.C. 4600 National Ave

20. FILED FEB 10 1937 Registrar J. B. Deede

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb., 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to Feb 10, 1937
I last saw him alive on 2/10, 1937. Death is said to have occurred on the date stated above, at 1.15 a.m.

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

Rheumatic Heart Disease
Bronchopneumonia

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? W.Hy Exam. Was there an autopsy? No

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? Yes
If so, specify

(Signed) Harman W. Meyer, M. D.
(Address) 603 Michigan Ave. St. Louis

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.

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