

FEB 12 1938

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

Do not use this space.

1122

978

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5502 Delmar Ave.** Registered No. **978**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Warren Kenney 500
 (a) Residence, No. **5502 Delmar** St. **5**
 (Usual place of abode, if no street address, write county or city) (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 **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 21 1883**

7. AGE YEARS **54** MONTHS **1** DAYS **1** If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Insurance**
 9. Industry of business in which work was done, as 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) **Ashland Missouri**

FATHER 13. NAME **John D. Kenney**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Missouri**

MOTHER 15. MAIDEN NAME **Orva Christian**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown MO**

17. INFORMANT **Mrs Mabel Kenney**
 (ADDRESS) **5502 Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem** DATE **Jan 24 1938**

19. FUNERAL DIRECTOR **C. R. Houston & Sons**
 (ADDRESS) **4449 Olive St.**

20. FILED **JAN 27 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-22-1938**

22. I HEREBY CERTIFY, That I attended deceased from **1-1-1937**, to **1-22-1938**

I last saw him alive on **1-22-1938** Death is said to have occurred on the date stated above, at **7:35 A.M.**

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

Other contributory causes of importance:
Hypertension
Arteriosclerosis

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

What test confirmed diagnosis? **Autopsy** 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) **L. H. Andrews**, M. D.

(Address) **Chas. Beeg**

1-4 PM
No 4626

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STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles

..... L. E.

No. 2901 or by Registered Apprentice No.
working under my personal supervision.

Signed J. T. Lupton
Licensed Embalmer No. 2122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)