

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 12 1938

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

1131
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **987**
 (c) City St. Louis, Mo. (d) Street No. City Infirmarv St.
 (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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Kennebeck 5-12
 (a) Residence, No. 5800 Arsenal St. **13** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1937, to January 25, 1938
 I last saw him alive on January 25, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1885

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 53

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc. House
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

93C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Other contributory causes of importance:

FATHER 13. NAME Benjamin Kennebeck

Lung Abscess, Chronic non-T.B. caused unk-operation for lung abscess

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

Name of operation Thyroplasty Date of 1934
 What test confirmed diagnosis? Was there an autopsy? no

MOTHER 15. MAIDEN NAME Mary Swengrader

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.

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

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Shoemaker 2906 Gravois Ave.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) T. Reisinger, M. D.
 (Address) 5600 Arsenal

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

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS
L. E. 1619
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Thos Kutis
Licensed Embalmer No. 1619

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.)