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

691 2/1

1188
Do not use this space.

1. PLACE OF DEATH FEB 12 1938

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1044

(c) City ST LOUIS (d) Street No. 5514½ ASHLAND AVE 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAWRENCE KENNEDY 530

(a) Residence, No. 5514 ASHLAND AVE St. 6
(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~~ (*write the word*): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 31. 1864

7. AGE: Years 73 | Months 2 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) BRIDGETOWN, ILLINOIS

FATHER

13. NAME LAWRENCE KENNEDY

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

MOTHER

15. MAIDEN NAME MAY BRANNEN

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

17. INFORMANT EUGENE KENNEDY
(ADDRESS) 5514 ASHLAND AVE

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE CALVARY CEM DATE JAN. 29 1938

19. FUNERAL DIRECTOR E. J. SCHNUR
(ADDRESS) 3125 LAFAYETTE AVE

20. FILED JAN 28 1938 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 26, 1938
I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 5 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with arteriosclerosis	
430	

Other contributory causes of importance: (STRICTURE) Urethral Stricture with scrotal abscess. (SCROTAL)

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) 2206 Howard St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph B Vollmer, Licensed Embalmer No. 4014

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Joseph B Vollmer

Licensed Embalmer No. 4014

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.)