

REC'D MAR 14 1938

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

4747

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003.1**
(c) City **St. Louis** (d) Street No. **City Hospital** 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.

Registered No. **1392**

2. PRINT FULL NAME

Alice Kennedy 580
(a) Residence, No. **6431 Myrtle Ave. St. NR Wellstone Mo.**
(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 **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) **Sept 30 .1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 4 5

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. **nil**

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) **Louisville Ky.**13. NAME **Unknown McAlister**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE **C alvary Cem.** DATE **Feb. 8, 1938**19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
(ADDRESS) **3840 Lindell Blvd.**20. FILED **FEB 7 1938** **J.P. Brubaker**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/5/38** 1922. I HEREBY CERTIFY, That I attended deceased from **2/3/38**, 19, to **2/5/38**, 19.I last saw her **alive on 2/5/38**, 19. Death is said to have occurred on the date stated above, at **8 . 35p** m.

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

arteriosclerotic heart disease
myocardial insufficiency

Date of onset

Other contributory causes of importance **9582**Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?

If so, specify

(Signed) **Dr. J. P. Brubaker**, M. D.(Address) **City Hospital 1003.1**

STATEMENT BY LICENSED EMBALMER

I, ALFRED F. BOEDEKER, Licensed Embalmer No. 2663

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

ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Alfred F. Boedeker

Licensed Embalmer No. 2663

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.)