

REC'D MAY 10 1938

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

13258

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST. LOUIS (d) Street No. GATESWORTH HOTEL Registered No. 3862
(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

ALEXANDER C. KENNEDY. 530
(a) Residence, No. GATESWORTH HOTEL St. 12
(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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 10, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82. 6. 14.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTTLAND. 4

FATHER 13. NAME PETER KENNEDY. 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTTLAND. 4

MOTHER 15. MAIDEN NAME MARGARET TODD.

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

17. INFORMANT (ADDRESS) MRS. GENEVIEVE KENNEDY. GATESWORTH HOTEL.

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE APRIL 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) LAWRENCE MULLEN 5165 DELMAR BLVD.

20. FILED APR 26 1938 J. B. Breda Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/38. 19

22. I HERBY CERTIFY, That I attended deceased from 3/1/38, 19, to 4/24/38, 19.

I last saw him alive on 4/24/38, 19. Death is said to have occurred on the date stated above, at 4 a.m.

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

Pneumonia. Chronic. 97
Date of onset ago.

Other contributory causes of importance: art. sclerosis.

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?
If so, specify

(Signed) W. B. Breda, M. D.
(Address) 1200 North 1st St., St. Louis

DR FALLS

BEADMONT

4PM

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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

..... L. E.

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

Signed John Ketter
Licensed Embalmer No. 3880

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.)