

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27417  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **3521 Chippewa St.** 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

**Capt. James E. Kennedy**  
 (a) Residence, No. **3521 Chippewa St.** St. **16**  
 (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 **Rose Kennedy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April, 20th, 1868**

7. AGE YEARS **70** MONTHS **4** DAYS **1** If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) **San Frisco** (STATE OR COUNTRY) **California**

FATHER 13. NAME **John Kennedy**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Rose Kennedy** (ADDRESS) **3521 Chippewa St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Aug. 24th, 1938**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **AUG 22 1938** **J. D. Breder** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August, 21st, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Calder**, 1927, to **Aug 21**, 1938  
 I last saw him alive on **Aug 21**, 1938 Death is said to have occurred on the date stated above, **6.15 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Hepatitis -**  
**Metral stenosis**  
 Date of onset **6-37**  
**10/27**

Other contributory causes of importance:

**Diverticula of bladder - 7-38.**

Name of operation **Vasectomy** Date of **7-14-38**  
 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? **no**  
 If so, specify  
 (Signed) **Victor F. Hoopes**, M. D.  
 (Address) **3805 50 Broadway**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Frank J. Wyland*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Frank J. Wyland*

Licensed Embalmer No. *2645*

P. O. Address \_\_\_\_\_

*St. Louis Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**