CT 8 1938

REC'D NOV 4 1938

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

36850
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township ~~Normandy~~ 1 Primary Registration District No. 115 Registered No. 1623
(c) City University City, Mo. (d) Street No. 63I4 Olive St. Road 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.

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2. PRINT FULL NAME Robert Kenard
(a) Residence, No. 63I4 Olive St. Road St.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE: About 6I — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Don't Know 9

FATHER
13. NAME " " " "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " " 9

MOTHER
15. MAIDEN NAME " " " " 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT (ADDRESS) Mrs. Charles Killmer 63I4 Olive St. Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Oct. I0/38.

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, II25 Hodiamont Ave.

20. FILED OCT 8 1938 19 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7/38. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.I5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
94 B	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) John [illegible] M.D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Jas W Clark, Licensed Embalmer No. 1661

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 Jas W Clark

Licensed Embalmer No. 1661

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)