

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

584

Do not use this space.

584

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. City Hospital No. 1 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

B. 14812
550
Baby Kennon (Thomas Rector Jr.)
 (a) Residence, No. 780 Bayard St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10, 1939</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Newborn</u>	<u>-</u>	<u>8</u>
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. <u>nil</u>		
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) <u>City of St. Louis</u>		
13. NAME <u>Thomas Rex Kennon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Lucy Mae Myers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
17. INFORMANT <u>Hosp. Info M. Kent</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentzville, Missouri</u> <u>1/19/39</u>		
19. FUNERAL DIRECTOR (NAME) <u>A. W. McLaughlin</u> (ADDRESS) <u>2301 Lafayette</u>		
20. FILED <u>JAN 19 1939</u> <u>J. F. Braddock</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/10/39, 1939, to 1/18/39, 1939.
 I last saw him alive on 1/18/39, 1939. Death is said to have occurred on the date stated above, at 5.05 a.m.
 The principal cause of death and related causes of importance were as follows:
Congenital heart disease
3 chamber heart
interaurular septum
 Date of onset

Other contributory causes of importance:
511

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) E. L. Engel, M. D.
 (Address) City Hospital No. 1

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

Signed *not embalmed*.....

Licensed Embalmer No.....

P. O. Address.....

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.