

REC'D MAR 13 1939

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

5100  
Do not use this space.

1793

## 1. PLACE OF DEATH

- (a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **5891 Romaine Pl.** 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 **James H. Kennedy**

- (a) Residence, No. **5917A Hamilton Terrace** St. **6** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Delorse Kennedy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 22, 1895.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**43 3 I**

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Core Maker**  
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) **Missouri**

- FATHER 13. NAME **Edward Kennedy**

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

- MOTHER 15. MAIDEN NAME **Jennie Dragon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT (ADDRESS) **Mrs. Jennie Kennedy**  
**5917A Hamilton Terrace**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.**, DATE **Feb. 27/39.**

19. FUNERAL DIRECTOR (ADDRESS) **Jos. W. Clark,**  
**1125 Hodiament Ave.**

20. FILED **FEB 24 1939** **J. F. Brudick**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 23/39, 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 **11.35 A.M.**

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

**Oedema of Brain; Pacci Meningitis; Mitral Stenosis;**

Other contributory causes of importance:

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? **No**  
If so, specify.....

(Signed) **Joseph M. Johnson, M.D.**

(Address) **Deputy Coroner**

**STATEMENT BY LICENSED EMBALMER**

I, Jos. W. Clark, Licensed Embalmer No. I66I

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

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Jos. W. Clark*

Licensed Embalmer No. I66I

**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.)**