

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

17197
Do not use this space.
4731

REC'D JUN 12 1939

791

1008

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis..... (d) Street No. City Hospital..... 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 ⁵³⁰ Walter F. Kennedy

(a) Residence, No. Fenton, Mo. St. NR (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 Wilmat
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Front Rank
 9. Industry or business in which work was done, as saw mill, bank, etc. Furnace Repair
 10. Date deceased last worked at this occupation (month and year) 11. Total years spent in this occupation
1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 13. NAME Robert Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Huffman

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

17. INFORMANT (ADDRESS) Lemuel Kennedy
2919 Hampton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James, Mo. DATE May 25, 1939

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

20. FILED MAY 24 1939 J. B. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939

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 8:20 P.M.

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

Infant Kennedy had protracted attack of Bilateral Pneumonia as a result of injury sustained in Fenton, Missouri May 20, 1939 exact time taken

Other contributory causes of importance:
Cause of injury could not be determined

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

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury 5-20-39
 Where did injury occur? Fenton, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury See above
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Joseph M. [Signature]
 (Address) Deputy Coroner

K. 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.

RECORDED WITH IMPROVING INK—THIS IS A PERMANENT RECORD

X16605

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.....

Robert Cook

....., Registered Apprentice No.

working under my personal supervision.

Signed *Robert Cook*

Licensed Embalmer No. *2128*

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.