

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1776

NOV 9 1939

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 Altus Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 219 Altus Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1939 hour 8 minute 30 - P.M.
21. I hereby certify that I attended the deceased from May 18, 1939
to Oct. 9, 1939,
that I last saw him alive on Oct. 9, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 3 days

Due to _____
Due to _____
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Other conditions Chronic pulmonary nephritis
(Include pregnancy within 3 months of death) infants

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
28. Signature R. S. Smith (M. D. or other) _____
Address Kirkwood Mo Date signed 10/10/39

3. (a) PRINT FULL NAME Mary Elizabeth Kennedy

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Donald Kennedy 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 4 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name P. T. Harrison

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name MARY CORNLIUS

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Donald Kennedy

(b) Address 219 Altus Pl.

17. (a) Burial (b) Date thereof 10-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp
(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) OCT 10 1939 (b) R. M. Meyer
(Date received local registrar) (Registrar's signature)

WRITE IN INK—USE CRUISING BLACK INK—MAKE A PERMANENT RECORD

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, or by

Louis H. Dagg

Registered Apprentice No.

working under my personal supervision.

Signed

Louis H. Dagg

Licensed Embalmer No.

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P. O. Address

Kirkwood 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.