

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.

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____ 2
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3220 a Vista Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3220a VISTA AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th,
year 1939 hour 8.10 minute P. M.
21. I hereby certify that I attended the deceased from March 1939
to Dec 12th, 1939;
that I last saw her alive on Dec 12th, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum with pelvic Metastasis
Duration 1 year

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Colostomy
March 1939.

Of operations _____
Of autopsy _____
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 _____
23. Signature Paul B. Webb MD (M. D. or other) _____
Address 3467 Maryland Date signed 12/14/39

3. (a) PRINT FULL NAME ELIZABETH KENNES 520

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

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

6. (b) Name of husband or wife Francis Kennes 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 23 1868
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace BELGIUM
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name HENRY ROTTIE

18. Birthplace BELGIUM
(City, town, or county) (State or foreign country)

14. Maiden name JOHANNA VAN OBERGHEEN

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

16. (a) Informant's own signature Mrs Max Palmquist

(b) Address 3220a VISTA AVE ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof DEC. 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director PEETZ BROS.

(b) Address 3029 LAFAYETTE AVE.

19. (a) DEC 14 1939 (b) J. B. Sedak
(Date received local registrar) (Registrar's signature)

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 *Paul J. Owens*

Licensed Embalmer No. 2245

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.