

JUN 15 1949  
91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2123<sup>a</sup> Bremen 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 67 yrs.  
years, months or days)

8. (a) PRINT FULL NAME Theodore J. Kennebeck 5/2

9. (b) If veteran, name war Nil 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Katherine Kennebeck 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 4 1972  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 24 hr. min.

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

10. Usual occupation Retired Moulder

11. Industry or business class House

12. Name John Kennebeck

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

14. Maiden name Katherine Dirhake

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

16. (a) Informant Katherine Kennebeck

(b) Address 2123<sup>a</sup> Bremen

17. (a) Burial (b) Date thereof June 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 3934 N. 20th St.

19. (a) MAY 29 1940 (b) [Signature]  
(Time received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 216  
(d) Street No. 2123 a Bremen Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 1936  
to May 28 1940  
that I last saw him alive on May 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 days

Due to Chronic Endocarditis 4 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. Signature Louis Kappel (M. D. or other)  
Address 2114 E. Grand, Av Date signed 5-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Alfred J. Boedeker  
Licensed Embalmer No. 2663  
P. O. Address 4204 Prairie

**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.**