

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27266

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7162

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Newstead Aldine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Cherokee
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Joseph Charles Kennedy
3. (b) If veteran, name war No
3. (c) Social Security No. 492-05-0452

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 23
year 1940 hour _____ minute _____ M.

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bena
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug 28 - 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/26/37
19____ to 8/22/40 19____
that I last saw him alive on 8-22-40 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 11 25 hr. _____ min.

Immediate cause of death Myocarditis
Due to MI
Due to MI
Other conditions Bovine C Mutual
(Include pregnancy within 3 months of death)
St Louis

9. Birthplace Wabamon Mo
(City, town, or county) (State or foreign country)
10. Usual occupation laborer

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

MOTHER FATHER
12. Name Thomas Henry Kennedy
13. Birthplace Harrisburg Pa
(City, town, or county) (State or foreign country)
14. Maiden name Leuisa Johnson
15. Birthplace Fulton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bena Kennedy
(b) Address 3016 Cherokee
17. (a) Burial (b) Date thereof 8-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cuba Mo
18. (a) Signature of funeral director E. G. Long
(b) Address Bourbon, Mo.
19. (a) AUG 24 1940 (b) J. B. Brudack
(Date received local registrar) (Registrar's signature)

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 P. B. Cappell (M. D. or _____)
Address 3229 Ivanhoe Date signed 8/23

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

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 John Ketter
Licensed Embalmer No. 3880

P. O. Address _____

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, fact should be so stated above.