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K21492

FILED JAN 15 1941 791

Primary Registration District No. 1003

Registrar's No. 9864

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

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:
St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 55 yrs
years, months or days)

8. (a) PRINT FULL NAME Mary Kenny

8. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 12 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>19</u>	hr. _____ min.

9. Birthplace _____ Ireland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Nil 5

11. Industry or business _____ 5

MOTHER FATHER { 12. Name Thomas Kenny

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

14. Maiden name Ann McDonough

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

16. (a) Informant M. H. Kenny

(b) Address 2419 Wise Overland Mo

17. (a) Burial (b) Date thereof Dec 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 2222 Laclede Overland Mo

19. (a) DEC 2 1940 (b) J. H. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Overland
(If outside city or town limit write "RURAL")
(d) Street No. 2419 Wise
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1940 hour 5:02 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 4, 1939
_____ 19____ to Dec 1 1940

that I last saw her alive on Dec 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bilateral Pneumonia pneumonia 3 days

Due to Chronic Nephritis 4 yrs.

Due to Myocarditis & Senility 6 yrs.

Other conditions Fracture of R. hip
(Include pregnancy within 3 months of death) (Pathologist)

Major findings: _____

Of operations _____ 131

Of autopsy _____

Duration
4 yrs.
6 yrs.
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 Hermann Klecker (M. D. or other) M.D.

Address 4621 Lakeside Rd Date signed 12-1-40

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 Al C Ortman

Licensed Embalmer No. 3478

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, above space should be left blank.