

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

928

State File No. ....

BUREAU OF THE CENSUS  
JAN 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 928

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:  
5126 Delmar Bl.  
(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 0110

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1217

(d) Street No. 5126 Delmar Bl.  
(If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Peter G. Kenny

3. (b) If veteran, name war. no

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Kenny

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: June 29, 1862  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>78</u> | <u>6</u> | <u>28</u> | hr. min.             |

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

10. Usual occupation RR Clerk Retired

11. Industry or business .....

MOTHER FATHER { 12. Name Daniel Kenny

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

14. Maiden name Ellen Ganan

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

16. (a) Informant Mrs. Mary Kenny

(b) Address 5126 Delmar Bl.

17. (a) Burial (b) Date thereof Jan. 29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 28 1941 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
year 1941 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 15  
1941 to Jan 27, 1941;  
that I last saw him alive on Jan 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of Stomach  
Harris' Hemorrhage

Due to .....

Due to .....

Other conditions  
(Include pregnancy within 3 months of death)  
H. E.

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?  
(Specify type of place)

While at work? .....

(c) Means of injury .....

23. Signature A. M. Boyd (M. D. or other)  
Address 1703 W. Grand Date signed 1941

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

*Mr. O'Connell  
Mrs. Pae. Kays*

**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 *Mary Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St......

**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.**