

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2464**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5105 ST. LOUIS AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY KENEFICK

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife PATRICK KENEFICK 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased JUNE 1 11 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 16 If less than one day hr. _____ min. _____

9. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name JAMES TILLOX

13. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN J. KENEFICK

(b) Address 5105 ST. LOUIS AVE

17. (a) BURIAL (b) Date thereof 3-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2849 N. FOLLID AVE

19. (a) MAR 18 1941 (b) J. J. Breddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1620
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5105 ST. LOUIS 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 3/17/41 day _____ year 7 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from June 1918, 1940, to March 17, 1941; that I last saw her alive on March 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 193

Due to _____

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 193

Of autopsy 1

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 1

23. Signature Peter Beck (M. D. or other)

Address 4701 St Louis Ave Date signed 3/18/41

Duration Unable to say
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

*H. M. Cook
Macon, Ga.*

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 *Albert Mayfield*
Licensed Embalmer No. *2077*

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.