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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9195

Registration District No. 791 | Primary Registration District No. | Registrar's No. 2605

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether years, months or days)

In this community 24 years

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. 3036 St. Vincent Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Kennedy

3. (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 married /

6. (b) Name of husband or wife JESSE W.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 5, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	9	hr. min.

9. Birthplace Jackson Tenn. / (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Mars h
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse W Kennedy
(b) Address 3036 St Vincent street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashville, No. Carolina

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2396 Lafayette Avenue

19. (a) MAR 24 1941 (Date received local registrar) (b) J M Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1941 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from February 23, 1941 to March 14, 1941 that I last saw her alive on March 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Avenue Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

2605

2605

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 L. R. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayette

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.