

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16564
4082

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Andrew T. Kennedy

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

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

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

7. Birth date of deceased Unk. Unk. 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 Unk. Unk. hr. min.

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

10. Usual occupation Retired Clerk

11. Industry or business O. J. Lewis D. G. Co.

MOTHER FATHER { 12. Name Andrew Kennedy

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

14. Maiden name Mary Griffin

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

16. (a) Informant Mr. Andrew J. Kennedy

(b) Address 6030 McPherson Ave.

17. (a) Burial (b) Date thereof 5-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAY 15 1941 (b) T. B. ...
(Time received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1725
(If outside city or town limits, write "RURAL")
(d) Street No. Warwick Hotel
(If rural, give location)
(e) Citizen of foreign country? 1428 Locust St. Mo. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.,
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 10 1940
to May 13 1941
that I last saw him alive on May 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic Anemia Duration 1 yr.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 170

Major findings:
Of operations 170
Of autopsy 170

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 David T. ... (M. D. or other) ...
Address 401 Humboldt Pkwy Date signed 5/15/41

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

00
17
9

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.