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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16872

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4390

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: 2033 Carr 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St Louis 217
(If outside city or town limits write "RURAL")
(d) Street No. 2033 Carr St 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME LESSIE May KENNEDY

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

4. Sex FEM. 2
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wesley Kennedy
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 18 (Day) 1892 (Year)

8. AGE: Years 49 Months — Days 3 If less than one day — hr. — min.

9. Birthplace Jackson (City, town, or county) / Tenn. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name James Rodgers
13. Birthplace / Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella James
15. Birthplace / Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Kennedy
(b) Address 2033 Carr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Harwell
(b) Address 1900 Carr
19. (a) MAY 26 1941 (Date received local registrar) J. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

No attending physician

Immediate cause of death — Duration
Chronic Myocarditis
Due to Diffuse Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy NPC

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, 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? (e) Means of injury

23. Signature James J. Fitzsimmons Coroner (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.