

Registration District No. **791**

Primary Registration District No. **1003**

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:
4213 W. Farlin /
(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)

3. (a) PRINT FULL NAME **Sarah Ellen Kennedy**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thomas Kennedy** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **unknown 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 76 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Frank Cannon**

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

14. Maiden name **Mary King**

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

16. (a) Informant **Thomas Kennedy**

(b) Address **4213 W. Farlin.**

17. (a) **Burial** (b) Date thereof **June 23, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot Carroll**

(b) Address **4600 Natural Bridge**

19. (a) **JUN 21 1941** (b) **J. W. Zindrek**
(Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0011**
(c) City or town **St. Louis** **1110**
(If outside city or town limits, write "RURAL")
(d) Street No. **4213 W. Farlin** /
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20** P.
year **1941** hour **6:10** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan. 1939** to **June 20** 19**41**.
What I last saw him alive on **June 20** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**
Due to **Arterio Sclerosis**

Due to **density**

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.....

23. Signature **Thos. J. Harlan** (M.D. or other)
Address **1900 Belt** Date signed **6-21-41**

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

00
12
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 *Sheldon Cellie*

Licensed Embalmer No. *3382*

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, fact should be so stated above.