

No. 2
-1-4-41
5-17-39
PI X2639

REC'D AUG 28 1941 791

Primary Registration District No.

060
17
9
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:
4373 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Victor Moreau Kinney**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife..... **Agnes F. Kenney** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Sept. 30 1846**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 9 16 hr. min.

9. Birthplace..... **Ky. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business..... **Retired**

12. Name..... **Joseph B. Kenney**

13. Birthplace..... **Ky 1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Levina Landes**

15. Birthplace..... **Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Clement Nelson**
(b) Address..... **5142 Vernon Ave.**

17. (a) **Cremation** (b) Date thereof..... **7-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Crematory**

18. (a) Signature of funeral director..... **Drehmann-Harral**
(b) Address..... **1905 Union Blvd.**

19. (a) **JUL 18 1941** (b) **J. T. Zeblich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4373 West Pine Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1941** hour **1** minute **20** P.M.

21. I hereby certify that I attended the deceased from **July 21**
19**41** to **July 16** 19**41**;
that I last saw him alive on **July 16** 19**41**;
and that death occurred on the **16** and hour stated above.

Immediate cause of death..... **General Arteriosclerosis**
Due to..... **Age**

Due to..... **Age**

Other conditions..... **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **ABC**

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) (Means of injury)

23. Signature..... **Fred W. O'Leary** (M. D. county) **MO**
Address..... **847 Hamilton** Date signed **7-17-41**

864. Hamilton
1 3 30 & 6-9 PM
on 2354

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 Warren A. Carver

Licensed Embalmer No. 3534

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.