

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: 2850 1/2 Union Blvd.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2724 Union Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 16  
year 1941 hour 11 minute 40 P.M.  
21. I hereby certify that I attended the deceased from Jan, 1938, to Sept 16, 1941;  
that I last saw her alive on Sept 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis  
Duration \_\_\_\_\_

Due to: chronic endocarditis  
chronic myocarditis  
Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: no  
Of operations: no  
Of autopsy: no  
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 Francis W. Kennedy M.D. (M. D. or other) \_\_\_\_\_  
Address 34 The Grange Date signed 9-18-41

3. (a) PRINT FULL NAME Margaret Kennedy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife Emmanuel 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased January 6 (Month) 1879 (Day) (Year)

8. AGE: Years 62 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Garland

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

14. Maiden name Emmel M. Cullough

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

16. (a) Informant Emmanuel Kennedy  
(b) Address 2724 Union Blvd.

17. (a) Burial (b) Date thereof 9-19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Church, Char. of St. Mary

18. (a) Signature of funeral director Chas. F. Stewart  
(b) Address 1225 Union Blvd.

19. SEP 18 1941 (Date received local registrar) (b) J. P. Budack (Registrar's signature)

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

