

**791**  
Registration District No. **1941**

Primary Registration District No. **1003**

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

**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:  
**St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6-days** (Specify whether  
In this community **60 years** years, months or days)

3. (a) PRINT FULL NAME **Catherine Kenny**

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

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

6. (b) Name of husband or wife **John Kenny** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Dec. 10th., 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 10 19** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Duff**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. Thomas P. Kenny**

(b) Address **2003 Bellevue Ave.**

17. (a) **Burial** (b) Date thereof **11-1-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 31 1941** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2003 Bellevue Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **No**  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct.** day **29th.**,  
year **1941** hour **3** minute **10 p.** M.

21. I hereby certify that I attended the deceased from **10-24-41**  
to **10-29-41**;  
that I last saw **her** alive on **10-29-41**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary pneumonia R.V.L.** Duration **6 days**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

**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) **none**

(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 **John J. Hammond** (M. D. or other) **M.D.**

Address **634 N. Grand** Date signed **10/30/41**

Root Co. 2040

**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.**