

FILED MAR 17 1942

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 1299

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6454 VIRGINIA AV.
(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 MARY J KENNEY

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 2 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name JAMES KELLY

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

14. Maiden name ELLEN BYRNES

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

16. (a) Informant Hal Kenney

(b) Address 6454 Virginia

17. (a) _____ (b) Date thereof 2 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHARY CEMETERY

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6454 VIRGINIA SO. FRANK

19. (a) FEB 11 1942 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI County 1000
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(c) Street No. 6454 VIRGINIA AV.
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan
1935 to Feb 10 1942
that I last saw h. al alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis
arteriosclerosis
Due to Chc. Pylo hepatitis
Due to Chc. arteriosclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

Duration
10 yrs
10 yrs
10 yrs
10 yrs

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 Jan
(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 Man Stubbhoff (M. D. or other MD)
Address 512 DAVE OL Date signed 2/11/42

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

MOTHER FATHER

Dr Skanket
11 am

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 *Vincent L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address *St. Louis Mo.*

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.