

FILED MAR 17 1942 791

Registration District No.

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:
1930 Virginia Ave.
(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 Frieda Kennel

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, Widowed

6. (b) Name of husband or wife Dr. A. C. Kennel 6. (c) Age of husband or wife if alive, years 14 1865

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Fred Prewing

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Gladys Bowen (b) Address 1930 Virginia Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof 2/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John K. Zugemham & Son

(b) Address 7027 Scripps Ave

19. (a) FEB 14 1942 (b) [Signature] (Date received local Registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 080
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1930 Virginia Avenue 9
(If rural, give location)
(e) Citizen of foreign country? [initials] (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1942 hour 9:10 minute A M.

21. I hereby certify that I attended the deceased from Feb. 12 19 42 to 19 19 42
that I last saw him alive on Feb. 12 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 15 min.

Due to Hypertensive heart disease 2 plus years

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 [initials]

23. Signature [Signature] (M. D. or other) md
Address 2323 Lafayette Ave. Date signed 2/13/42

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grandis*

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.