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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8793

FILED APR 8 1942

Registration District No. 491 Primary Registration District No. 1003 Registrar's No. 2354

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 5

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 6178 KINGSBURY (If rural, give location)

(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME HARRY C. KENNEDY

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH (Month) 10 (Day) 1880 (Year)

8. AGE: Years 62 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation MFG. AGENT.

11. Industry or business

FATHER
12. Name P. E. KENNEDY
13. Birthplace MO. (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name MARY CALLAHAN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant MRS. IDA KENNEDY
(b) Address 6178 KINGSBURY.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Lawrence Mullen
(b) Address 5165 Delmar Bl

19. (a) MAR 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 1 1942 to March 13 1942 that I last saw him alive on March 13 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of gall bladder	2
Due to:	
Due to:	
Other conditions: Diffuse peritonitis from (Include pregnancy within 3 months of death)	5 days
Major findings: Of operations: Cholecystitis 15 yrs ago had broken into an abscess cavity and ruptured	
Of autopsy: Tumor involving liver of the gastric entrance	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R Emmet Kane (M.D. or other)
Address 1117 N Grand Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Emmett Kane

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 S. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.