

Registration District No.

Primary Registration District No.

Registrar's No.

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:
4329 Randall Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
in this community 20 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4329 Randall Pl.
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME Ira F. Kennedy.

3. (b) If veteran, name war World 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 Daisy Kennedy 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased November 17 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bridge Carpenter

11. Industry or business Terminal R.R. Ass'n.

12. Name Hawkins Kennedy

13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Day

15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant Daisy Kennedy.

(b) Address 4329 Randall Pl.

17. (a) Burial (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) ADD 0 (b) J. J. Medeck
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis

Due to Chronic Myocarditis

Due to 93

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy _____

Duration

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 3

23. Signature W. J. Medeck (M. D. or other) 3
Address Deputy Coroner Date signed 4/9/42

(Licensed Embalmer's Statement on Reverse Side)

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

625

23

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.