V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

FILED APR 27 1942 791

State File No. 12784

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3417

1. PLACE OF DEATH:

(a) County .....

(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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4318 Maffitt 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Guren Kenner

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

4. Sex Male 2 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced 9 Widowed

6. (b) Name of husband or wife Louise Kenner | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug. (Month) 10 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	2	..... hr. ..... min.

9. Birthplace Wentzville (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business .....

FATHER
12. Name Nathaniel Kenner
13. Birthplace ..... (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Ella Kenner nee Kenner
15. Birthplace Wentzville (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant James Kenner
(b) Address 4318 Maffitt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16'42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) APR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12, year 1942 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 10, 1942 to April 12, 1942; that I last saw him alive on April 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature J. W. Johnson (M. D. ~~or other~~)
Address 2601 N Whittier Date signed 4/14/42

84 (Licensed Embalmer's Statement on Reverse Side)

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.....Joel Russell.....

Licensed Embalmer No.....4113.....

P. O. Address.....

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.