

7. S. No. 2
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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9231

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day
(Specify whether years, months or days)

In this community 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 1619 S. Broadway
(If rural, give location)

(e) No attending Physician (Yes or No)
(If yes, name country)

3. (a) PRINT FULL NAME William Kenny

3. (b) If veteran, name war None

3. (c) Social Security No. No.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 25th., 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>5</u>	<u>hr. min.</u>

9. Birthplace New Haven Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Martin Kenny

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

14. Maiden name Ellen Gregory

15. Birthplace New Haven Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Kenny

(b) Address 3856 St. Ferdinand Ave.

17. (a) Burial St. Matthews
(Burial, cremation, or removal)

(b) Date thereof 11-5-1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lincolnton Blvd.

19. (a) NOV 5 1942 (Date received local registrar)

J. J. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th.
year 1942 hour 11 minute 30 P.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 Labar Pneumonia

Due to

Due to

Other conditions 108
(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 Alfred Perry (M, D. or other)
Address Alfred Perry Date signed 12/5/42

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

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.....

This Body Was not Embalmed Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.