

V. S. No. 2
50M-5-42
Rev. 5-17-39
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11485

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11485
Registrar's No. 538

Registration District No. 101 Primary Registration District No. 101

96
502

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: 11 days
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Ferguson
(d) Street No. S. Schleuter & Chambers Ave.
(e) Citizen of foreign country? no
If yes, name country.....

3. (a) PRINT FULL NAME Thomas Kennard
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1943 hour 6 minute 55 A.M.
21. I hereby certify that I attended the deceased from 2-19-43
to 3-2-43
that I last saw him alive on 3-2-43
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Mary Stanley 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 28 1856
(Month) (Day) (Year)

Immediate cause of death respiratory failure
Duration 5 MIN.

8. AGE: Years Months Days If less than one day
87 0 2 hr. min.

Due to Hypostatic pneumonia 3 DAYS
Due to Secondary anemia due to bleeding hemorrhoids 3 mos.

9. Birthplace London Canada 2
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
PHYSICIAN

10. Usual occupation none
11. Industry or business

MOTHER FATHER
12. Name Thomas Kennard
13. Birthplace London Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Stanley
15. Birthplace London Canada 2
(City, town, or county) (State or foreign country)

Major findings: Bleeding internal hemorrhoids
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Ches Kennard
(b) Address 3916 Philbrook
17. (a) Burial (b) Date thereof 3-4-43
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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?.....
(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
Signature Robert A. Hall (M. D. or other) M.D.
Address St. Louis County Hospital signed 3-2-43

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 *Jay Wilkinson*
Licensed Embalmer No. *3575*

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.