

D APR 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3323

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:  
6178 KINGSBURY BL.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County.....  
(c) City or town. ST LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6178 KINGSBURY BL.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME. EILEEN ELIZABETH KENNEDY

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

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

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

7. Birth date of deceased. JULY 22 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 8 14 hr. min.

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

10. Usual occupation. CLERK

11. Industry or business. CURTIS WRIGHT

12. Name. HARRY C. KENNEDY

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

14. Maiden name. IDA SCHUMMANN

15. Birthplace. KY (City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Leo Kennedy

(b) Address. 6178 KINGSBURY BL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. April 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEM.

18. (a) Signature of funeral director. W. Muller and Co.

(b) Address. 516 S. Delmar Bl.

19. (a) APR 8 1943 (Date received local registrar) J. J. Brudich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan-1-1941 to April-6-1943 that I last saw her alive on April 6-1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumococcus meningitis Duration 1 Day  
Due to. Broncho. Pneumonia 4 days  
Due to. Pustular Acne 2 years

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

Major findings: Of operations. 107

Of autopsy.....

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.....

23. Signature. A. J. Raedonck (M. D. or other) Address. 4396 W. Pine DR Date signed. 4-7-43

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

MOTHER FATHER

**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

*W. 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.**