V. S. No. 2
0M—9-4-41
5-17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23165

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7041

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

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:
3126 Franke Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17 3 7
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3126 Franke Court
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Maybel Mary Kenny
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 Married
6. (b) Name of husband or wife Frank Kenny
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased October 15 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	~~10~~ 9	17	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business John Costa
MOTHER FATHER
12. Name John Costa
13. Birthplace Missouri Laretto (City, town, or county) (State or foreign country) 0
14. Maiden name Jennie Laretto
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Frank Kenny
(b) Address 3126 Franke Place
17. (a) Butial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) AUG 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day August year 1943 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from June 1940, to Aug. 2, 1943 that I last saw her alive on Aug 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension with myocardial insufficiency	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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

23. Signature J. Hammond (M. D. or other) M. D.
Address 6344 N. Grand Date signed 8/3/43

(Licensed Embalmer's Statement on Reverse Side)

[redacted]nd or Burke
Missouri Theatre Bldg

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. Frank L. Brown

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.