No. 2
2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

Registration District No. 918

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 539

Registrar's No. 666

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3318 No. 14th. St. 26
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME IDA KENNEDY

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Edwin

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

7. Birth date of deceased Apr. (Month) 30 (Day) 1868 (Year)

8. AGE: Years 75 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name William Krenning
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Unknown Germany
15. Birthplace (City, town, or county) 4 (State or foreign country)

16. (a) Informant Henry C. Schutz
(b) Address 4366 Taft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Biedenweder Funeral Home
(b) Address 1936 S. Rock Ave.

19. (a) JAN 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Fracture right Femur in her home at 3318 rear No 14th St

Due to 11-4-43 Exact time unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 186

Major findings:
Of operations 15

Of autopsy 26

Duration

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) Accident 000

(b) Date of occurrence 11-4-43

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Thomas F. Callanan (M.D. or other)

Address Deputy Coroner Date signed 1-23-44

(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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.