

FILED JUN 9 1944
Registration District No. **318**

Primary Registration District No. **1003** Registrar's No. **4950**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(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. 5033 Muerva Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen Kenyon

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

4. Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 25 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Philip August

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

14. Maiden name Bridget Kennedy

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

16. (a) Informant Helen Kenyon

(b) Address 5033 Muerva

17. (a) Burial (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. S. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 29 1944 (b) J. J. Breese
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 th
year 1944 hour 1 minute 55 A.M.
21. I hereby certify that I attended the deceased from May 26th
1944, to May 28th, 1944
that I last saw h. EX alive on May 28th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pharynx
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: H&T
Of operations _____
Of autopsy _____

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) _____
(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) Means of injury _____
23. Signature [Signature] Date signed 5/31/44
Address 515 Lafayette

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Bernard A. J. Stua
Licensed Embalmer No. 13500

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.