

FILED SEP 18 1944
378

State File No. _____

7645

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
2610 Brannon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 Brannon Ave 1 13
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James P Kennedy

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

4. Sex Male 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 Nov 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 11 hr. _____ min.

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

10. Usual occupation Retired Clerk

11. Industry or business James F Furnham Co

12. Name John Kennedy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Mullen
15. Birthplace Ireland 14
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Walsh
(b) Address 2610 Brannon Ave

17. (a) Burial (b) Date thereof Sept 6 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kingshighway

19. (a) SEP 5 1944 (b) J. F. Schedel
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1944 hour 10.10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1, 1944, to Sept 3, 1944
that I last saw him alive on Sept 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Cardio renal vascular disease

Due to _____
Other conditions Biliary calculus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
124

Duration

4 days

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 0

23. Signature John J. [Signature] (M. D. or other)
Address 1103 Carter Ave Date signed 9-5-44

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

MOTHER FATHER

4703

Center

Bo 5677

10-12 AM

TUE

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..... *Edwin D. Mc Nemott*

Licensed Embalmer No. *3024*

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.