

FILED OCT 24 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2096

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 718--82nd Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME ALICE W. KENNEDY.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Maxwell Kennedy 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 13, 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days ---- If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name James Woodard  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown--Graffam  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard H. Kennedy  
(b) Address 718, --82nd Blvd.

17. (a) Burial (b) Date thereof Oct. 16, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.

19. (a) Oct 14 1944 (b) E. J. McKeever, M.D.  
(Date certified by registrar) (Registrar's signature) (Initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13  
year 1944 hour 11<sup>00</sup> minute P. M.

21. I hereby certify that I attended the deceased from Aug 24  
1944 to Oct 13 1944  
that I last saw at alive on Oct 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 day

Due to Chronic spondylitis 2 yr

Other conditions Chronic eczema 1 yr.  
Chronic ulceration both legs

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) (c) Means of injury 1

23. Signature E. J. Flaischmidt (M. D. or other)  
Address 508 N. Grand Ave Date signed 10/14/44

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

96  
3  
5

96  
3  
5

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Kleinschmidt.

Mept. Bldg.

JE-4141

Hrs. 2 to 4 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.