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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15275

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4307

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 Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos. 9ds. (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3336a S. Grand Bl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNIE KENNER

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 Mar.

6. (b) Name of husband or wife Robert Kenner

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

7. Birth date of deceased July (Month) 15, (Day) 1886 (Year)

8. AGE: Years 58 Months 9 Days 29 If less than one day hr. min.

9. Birthplace not known (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director John S. Ziegenheim & Sons
(b) Address 7027 Gravois ave.

19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MAY 15 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1945 hour 6.45 minute A M.

21. I hereby certify that I attended the deceased from March 5th, 1945 to May 14, 1945 that I last saw her alive on May 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1945x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 L Kirschbaum M.D. (M. D. or other)
Address 5400 Arsenal St Date signed 5/15/45

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Frances

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.