S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22146

FILED AUG 11 1945

Registration District No. 81 Primary Registration District No. 1003 Registrar's No. 6660

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 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660
(c) City or town St. Louis 17 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4817a Natural Bridge Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maurice J. Kennedy
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 19th 1913 (Month) (Day) (Year)

8. AGE: Years 32 Months 2 Days 8 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Stroh Auto Del.
FATHER
12. Name John L. Kennedy
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Clara Sharp
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs. Emma Broderick
(b) Address 4817 Natural Bridge Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 30 1945 (Date received local registrar) (b) J. F. Bussock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.
year 1945 hour 6:55 PM minute 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 — Duration
Hemorrhage into the [illegible] ventricle
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
95
Major findings:
Of operations
Of autopsy

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 3
23. Signature Alfred J. Perry (M. D. or other)
Address [illegible] Date signed 7/30/45

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.