S. No. 2
M—2-43
5-17-39
FILED SEP 1 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25840

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 7219

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

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community STEPHEN V. KENNEDY

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL") 17 22
(d) Street No. 1209 MISSISSIPPI (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~STEPHAN V. KENNEDY~~
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband or wife RITA KENNEDY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 6, 1884 ~~1882~~ (Day) (Year)

8. AGE: Years ~~62~~ 60 Months 8 Days 11 If less than one day hr. min.

9. Birthplace BUFFALO NEW YORK (City, town, or county) (State or foreign country)
10. Usual occupation NIL
11. Industry or business
12. Name Stephan ~~STEPHAN~~ KENNEDY
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
14. Maiden name MARY UNKNOWN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant Rita Kennedy
(b) Address 1209 Mississippi Av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1945 hour 7:15 minute 00 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 Ruptured Aorta Aneurysm Thrice undetermined — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 30d

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 Thomas F. Callaway (M. D. or other)
Address Coroner Date signed 8-17-45

(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.....

Licensed Embalmer No. 4014

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
~~County~~ City of St. Lis }

State File No.
Local Registrar's No. 7219

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of Aug, 1945, before me appears Rita Kennedy, who, upon her oath, states that the original record of ~~birth~~ death for Stephen V. Kennedy, died ~~born~~ 8-17-45, 19..., in the State of Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 3 should read Stephen V. Kennedy
Instead of Stephan V. Kennedy

Item No. 7 should read Dec. 6 - 1884
Instead of " 6 - 1882

Item No. 8 should read age 60 -
Instead of age 62

Item No. 12 should read Stephen V. Kennedy
Instead of Stephan "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Corrected 8/28/45

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rita Kennedy Wife
Relationship.

1209 Mississippi ave
Present Address.

Subscribed and sworn to before me this 25 day of August, 1945.

My Commission expires 3/4/49

Ella C Paddock Notary Public.

25840