

FILED FEB 7 1946
 318

Registration District No. _____

1003

Registrar's No.

1041

1. PLACE OF DEATH:

(a) County ST. Louis, MO
 (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:
City Isolation Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-14-45 to 1-30-46
 (Specify whether years, months or days) 7 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town ST. Louis, MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1452 Wright
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Ada Kennebeck

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 Married
 6. (b) Name of husband or wife Theodore
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased March 10 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 19 20 hr. min.

9. Birthplace (Unknown) MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles House

13. Birthplace Unknown ?
 (City, town, or county) (State or foreign country)

14. Maiden name Fannie Adams

15. Birthplace (Unknown) Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal ST

17. (a) Burial (b) Date thereof Feb 2 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St Louis Avenue

19. (a) JAN 30 1946 (Date received local registrar)
J. Z. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
 year 1946 hour 6 minute 15 AM.

21. I hereby certify that I attended the deceased from 11/14
1945, to Jan. 30 19 46
 that I last saw him alive on Jan. 29 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitastatic Carcinoma of colon (descending)
 Due to: _____
 Due to: _____
 Other conditions (Include pregnancy within 3 months of death) HO

Duration

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 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?

(Specify type of place) _____
 While at work? (e) Means of injury _____
 23. Signature J. E. Nelson (M. D. or other) M.D.
 Address 5600 Arsenal Date signed 1/30/46

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

2089

JAN 31 1946

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..... *Glen W. Hut*.....

Licensed Embalmer No. *3737*.....

P. O. Address..... *936 St. Louis*.....

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.