DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11315

Registration District No. 1003 Primary Registration District No. Registrar's No. 3026

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: St. Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 11 days (Specify whether years, months or days) In this community about 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3521 Market St. Louis (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Kennedy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col.

6. (a) ~~Single, widowed, married,~~ divorced M

6. (b) Name of husband or wife Mary Kennedy

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt 60 Months Days If less than one day hr. min. unknown

9. Birthplace Livingston, Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Roundhouse work on R.R.

11. Industry or business

12. Father's name Willis Kennedy

13. Birthplace Livingston, Alabama (City, town, or county) (State or foreign country)

14. Maiden name Rate ~~Unknown~~ Litt

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

16. (a) Informant Frank Kennedy

(b) Address 3521 Market St.

17. (a) Shipping (Burial, cremation, or removal)

(b) Date thereof 4-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Ala

18. (a) Signature of funeral director A. N. Deal Undt. Co

(b) Address 2726 Lucas Ave

19. (a) APR 1 1946 (Date received by local registrar)

(b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29- year 1946 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar 19- 1946 to Mar 29- 1946 that I last saw him alive on Mar 29- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) No

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) no

(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 Johannes F. Kellerd (M.D. or other)

Address 7101 Kingsbury Date signed 4-1-46

(Licensed Embalmer's Statement on Reverse Side)

35 [illegible] Market
Frank Kennedy.

3521
221755

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 Vora Thompson, Registered Apprentice No. 395 working under my personal supervision.

Signed Lawrence E. Woolson

Licensed Embalmer No. 4341

P. O. Address St Louis 13, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply [illegible] 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
County of St Lt } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3026.

On this 5 day of June, 1946, before me appears Frank Kennedy, who, upon his oath, states that the original record of ~~birth~~ death for Thomas Kennedy, died ~~born~~ 3-29-, 1946 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6a should read Divorced
Instead of Married
Item No. 10 should read Round House work on R.R.
Instead of Ground " " " "
Item No. 14 should read Rose Tartt
Instead of Rose unknown
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

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

(SEAL)

X Affiant Frank L. Kennedy Inf.
Relationship.

3521 Market
Present Address.

Subscribed and sworn to before me this 5 day of June, 1946

My Commission expires 3/4/49

Cera C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Feb. 170

V. S. 135
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