

S. No. 2
OM-5-43
v. 5-17-39
P 1 X36671

11362

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 30 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2801**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 4318 W. Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 4318 W. Florissant Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph A. Lennon

3. (b) If veteran, name war World # 1

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Carolene Lennon

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased June 8, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>16</u>	_____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 14 year 1946 hour 2:00 minute 4 M.

21. I hereby certify that I attended the deceased from March 16 to March 23 1946
that I last saw him alive on March 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Hypertension

Due to Cor.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Pres. Inland W.W.

12. Name John Lennon

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Flood

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolene Lennon

(b) Address 4318 W. Florissant Ave.

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Walter J. Kennedy

(b) Address 3840 Lindell Blvd.

19. (a) MAR 25 1946 (b) J. F. Breuer
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____

Means of injury _____

Signature Walter J. Kennedy M.D. or other _____

Address 4318 W. Florissant Date signed 3/29/46

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

NOV 10 1968

Norman

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.