

FILED APR 17 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3099

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:  
DePaul Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2141 E. Warne Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Catherine M. Kennebeck

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 6, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Bernard Kennebeck

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

14. Maiden name Mary Schwing,

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

16. (a) Informant Magdalen M. Kennebeck

(b) Address 2141 E. Warne Ave.

17. (a) Burial (b) Date thereof 4/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) APR 2 1946 (b) J. F. Braseck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 21/46  
19\_\_\_\_ to April 2, 1946

that I last saw him alive on April 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute myocarditis  
Bronchasthma  
Due to Bright's Disease  
Acute Cystitis  
Duration  
7  
10 days  
10 days

Other conditions.  
(Include pregnancy within 3 months of death)  
1/30

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature B. F. [Signature] (M. D. or other)  
Address 1875 [Address] Date signed 1/4

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

MOTHER FATHER

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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.....

*Frank A Moore*

Licensed Embalmer No.....

3041

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.**