

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 State File No. 18583 Registrar's No. 4808

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4514 Alice
(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. 4514 Alice (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annus Kenny (Kenny)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
5. Color Black 6. (a) Single Single widowed _____ married _____ divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased: August 13 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28 year 1946 hour 6 minute 9 M.
21. I hereby certify that I attended the deceased from May 20, 1946, to May 28, 1946,
that I last saw him alive on May 28, 1946,
and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral Hemorrhage
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 83
Of operations _____
Of autopsy _____

8. AGE: Years 78 Months 9 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____
12. Name Lawrence Kenny
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Kenny
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Lawrence Kenny
(b) Address 4514 Alice
17. (a) Burial (b) Date thereof: 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salvatory Church
18. (a) Signature of funeral director John J. Swartz
(b) Address 1225 Union Blvd.
19. (a) MAY 29 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Duration 3 1/2 hrs
Physician 83
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? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 9114 Detroit Date signed [Signature]

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 Elmo R. Padwell
Licensed Embalmer No. 4077
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.