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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21901

State File No. 1003

FILED JUN 20 1946

Registration District No. 318 Primary Registration District No. Registrar's No. 5081

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:
Convent of the Good Shepherd
(If not in hospital or institution, write street address or location)

(d) Length of stay: In hospital or institution 3801 Gravois (Specify whether
In this community years, months or days)

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. 3801 Gravois Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sr. Mary of the Annunciation (Honora Kennedy)

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 Religious

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 5 (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Springfield, Mass. (City, town, or county) (State or foreign country)

10. Usual occupation Religious Sister

11. Industry or business

FATHER
12. Name John F. Kennedy
13. Birthplace Kerry, Ireland (City, town, or country) (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Sullivan
15. Birthplace Kerry, Ireland (City, town, or country) (State or foreign country) 4

16. (a) Informant Sister Mary of St. Francis Xavier
(b) Address 3801 Gravois Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JUN 8 1946 (Date received local registrar) JUN 6 1946 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from May 2, 1946, to June 5, 1946; that I last saw her alive on June 4, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Nasopharynx — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 0

23. Signature Joseph W. Larmore (M. D. or other)
Address 3720 Washington Ave Date signed 6/6/46

(Licensed Embalmer's Statement on Reverse Side)

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.