

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34685

FILED

OCT 16 1948

State File No. _____

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2072

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6823 Etzel Ave. (P)
(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

3. (a) PRINT FULL NAME Hugh Snively Kennedy

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male 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 November 30 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 4 _____ hr. _____ min.

9. Birthplace Coulterville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Kennedy

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

14. Maiden name Elizabeth Nellis

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

16. (a) Informant Nellis M. Cowman

(b) Address 6823 Etzel Ave.

17. (a) Removal (b) Date thereof 10-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coulterville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 10-7-46 (b) Ruth L. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph 999

(c) City or town Coulterville 11
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____ 0

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb.
_____ 1943, to Oct. 1946,
that I last saw him alive on July 1946,
and that death occurred on the date and hour stated above

Immediate cause of death _____
Hemiplegia from Cerebral Hemorrhage 3 days
Due to _____
Due to _____

Other conditions Epilepsy 1940
(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.

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 _____

Signature Chandler (M. D. or other) _____

Address 632 Milwaukee Blvd. Date signed 10-5-46

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 P. Cadwell

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.