

FILED OCT 16 1946
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1003

Registration District No. _____ Primary Registration District No. _____

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Venita Park
(If outside city or town limits, write "RURAL")
(d) Street No. # 8324 Monroe
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leslie Raymond Kennedy
3. (b) If veteran, name war No
3. (c) Social Security No. 489-03-6584

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Roberta S. Kennedy
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 14 1900
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
46 1 20 hr. min.

9. Birthplace Denver, Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Auto Parts Co.

MOTHER FATHER

12. Name Joseph Kennedy

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

14. Maiden name Jeannette Laidlow
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Roberta S. Kennedy

(b) Address 8034 Monroe

17. (a) Burial (b) Date thereof Oct. 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) OCT 5 1946 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 9 minute 40 a.m.

21. I hereby certify that I attended the deceased from Oct. 2 1946 to Oct. 4 1946
and that death occurred on the date and hour stated above.
that I last saw him alive on October 4 1946

Immediate cause of death RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS, MITRAL INSUFFICIENCY AND CARDIAC DECOMPENSATION
Due to _____

Duration 4 1/2 years

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

Major findings: _____
Of operations _____
Of autopsy SAME AS ABOVE

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 _____
23. Signature Islem O. Turner (M. D.)
Address Barnes Hospital Date signed 10-4-46

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

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.....

Raymond L. Morris

Licensed Embalmer No. *4330*

P. O. Address *Maplewood, Mo.*

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.