S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35296

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9069

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo. 14 days (Specify whether years, months or days)

In this community Life

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. 3632 Bowen Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kennison, Joseph

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mamie

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

7. Birth date of deceased April 10, ~~1884~~ 1871
(Month) (Day) (Year)

8. AGE: Years 75 ~~80~~ Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business retired

FATHER
12. Name Stephen
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Callie ?
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Glen S. Kennison (son)
(b) Address 3632 Bowen Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-22-46
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) OCT 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 6, 1946, to October 20, 1946, that I last saw him alive on October 20, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro vascular accident	3 days
Generalized arteriosclerosis	10 years
Due to Senil psychosis	10 years
Due to Gangrene right foot	3 Months

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

23. Signature Palmer Cousins Bowlish (M. D. or other)
Address 5800 Arsenal Date signed 10-20-46

(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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Av

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.