FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 21 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29192
Registrar's No. 7625

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

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 HOMER G. Phillips ~~2423 G Biddle~~ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 2423 G Biddle (If rural, give location) 9
-21.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNITA R. KENNARD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race COL
6. (a) Single, widowed, married, divorced Inf. 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 13 (Day) 1946 (Year)
8. AGE: Years ~~X~~ Months 8 Days ~~25~~ 23 If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation Inf.
11. Industry or business
FATHER
12. Name WILLIE KENNARD 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name VILETTA MASON
15. Birthplace (City, town, or county) OKL. (State or foreign country) 1
16. (a) Informant VILETTA KENNARD
(b) Address 2423 G BIDDLE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 14 47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Lorenz Thomas
(b) Address 2024 Cass
19. (a) AUG 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1947 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heat Prostration	
Due to 191	
Due to	
Other conditions 19 (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000
(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 3
23. Signature Dr Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 8-11-47

Jefferson City Printing Co. (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 J. C. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.