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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33229

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2121

1. PLACE OF DEATH: St. Louis
(a) County
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital (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)

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. 5916 Page Blvd. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Margie R. Kennah
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph L.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January (Month) 30 (Day) 1886 (Year)

8. AGE: Years 61 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Stephen Beard
13. Birthplace (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name Mary Jane
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Joseph L. Kennah
(b) Address 7302A Manchester
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Fred F. Smart
(b) Address 1225 Union Blvd.
19. (a) 10-10-47 (Date received local registrar) (b) Cecil A. Thompson MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1947 hour 2:40 minute A. M.
21. I hereby certify that I attended the deceased from May 23, 1946 to Oct 7, 1947 that I last saw her alive on Oct 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of breast	18 mo.
Due to	
Due to 50	
Other conditions (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:
(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 Wm. C. MacDonald (M. D. or other) M.D.
Address 539 N. Grand Date signed 10-7-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Humboldt Bldg.

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. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.