S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43195

Registrar's No. 11488

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: 1381 Hamilton Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1381 Hamilton Ave., 9
(If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Kennedy
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph M. Kennedy
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug. 15, 1890.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	0	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name George Eck,
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Eva Beck
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Kennedy
(b) Address 1381 Hamilton Ave.,
17. (a) Burial (b) Date thereof Dec. 18/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) DEC 16 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1947 hour 1.05 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1947, to Dec. 15, 1947; that I last saw her alive on Dec. 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease	5 wks
Due to Arterial Hypertension	1 year
Due to Chronic Nephritis	20 years
Other conditions Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 Hiram L. Huggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 12/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hiram Liggett,
3720 Washington Blvd.,
JE. 1551 1.30-5.00 P.M.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.