No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44584

Primary Registration District No. 1003

Registrar's No. 11966

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: Deaconess Hosp.
(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 Missouri (b) County
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. 1 (If rural, give location)
H.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Georgiana M. Kenefick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 26 (Day) 1946 (Year)

8. AGE: Years 1 Months 10 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name George T. Kenefick
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Bell Bonfac
15. Birthplace E. St. Louis, (City, town, or county) Ill (State or foreign country)
16. (a) Informant Geo. T. Kenefick
(b) Address Union, Mo. R.R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director M. J. Geoghan
(b) Address 7146 Wabeshester
19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28
year 1947 hour 7 minute 30 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 Mucous plug in Larynx 8
as a result of Edema of "
Due to Bronchoscopy for removal
of peanut from R lung
Due to 33 hours previously
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Peanut in R main stem bronchus
Of autopsy Mucous plug in larynx
Collapse middle lob R lung

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) 3 6
(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 Mauro (M. D. or other)
Address 4500 Olive Date signed 12-30-47
St Louis 8 Mo

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. Allen Klaus 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.