No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10340

State File No. 2898

FILED APR 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

0
7
9

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 St Louis Children's Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4010 Cleveland Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PATRICIA ANN KANADAY

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex FO

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 31 (Day), 1947 (Year)

8. AGE: Years 1 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Seldon Kanaday
13. Birthplace Salem, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Velia Hedrick
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Seldon Kanaday
(b) Address 4010 Cleveland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens

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

19. (a) MAR 24 1948 (Date received for registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 5 minute 01 P.M.

21. I hereby certify that I attended the deceased from March 22, 1948, to March 23, 1948; that I last saw her alive on March 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, due to anoxia secondary to foreign body, trachea bronchial tree

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence March 22, 1948

(c) Where did injury occur? In home (City or town) 000 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See Above (Specify type of place)

While at work? (e) Means of injury Swallowed object.

23. Signature Gilbert B. Forbes (M. D. or other)

Address Children's Hosp. Date signed 3/23/48

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 C W Cooper

Licensed Embalmer No. 3830

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.