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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

82297
State File No. 38315
10213

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Mac C Starkloff Memorial
(d) Length of stay: In hospital or institution 7 wks
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Missouri
(d) Street No. 2719 a Allen 23
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME Sarah Kennedy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive 4 - 1890
7. Birth date of deceased February 4 - 1890

8. AGE: 58 Years 9 Months 20 Days

9. Birthplace Missouri

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Lawrence Sterling
13. Birthplace Missouri
14. Maiden name Mary Rhoads
15. Birthplace Missouri

16. (a) Informant Howard Kennedy
(b) Address 130 E Loretta Henry, Mo

17. (a) Burial (b) Date thereof 11/27/48
(c) Place: burial or cremation Bonedell, Mo

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) NOV 24 1948 (Date received local registrar) J. B. Larson (Registrar's signature)

20. DATE OF DEATH: Month November Day 24th
year 1948 hour 7 minute 05 A.M.
21. I hereby certify that I attended the deceased from 10-26-48
to 11-24-48
that I last saw her alive on 11-24-48
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to: pneumonia
Due to:
Other conditions: Diabetes - arteriosclerosis gangrene
Major findings: Amputation Rt. leg. for arteriosclerosis gangrene
Of autopsy:
PHYSICIAN: Underline the cause to 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature: [Signature] (M. D. or other)
Address 1515 Lafayette Avenue Date signed 11-24 1948

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

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..... *E W Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *2301 Lafayette*

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.