S. No. 300
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(2) FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2884

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY-REG. DIST. NO. 1003 Registrar's No. 558

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

**1. PLACE OF DEATH**
a. COUNTY ***
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Same
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 7938 N. Euclid

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) Kennedy
4. DATE OF DEATH (Month) (Day) (Year) January 17 1949
5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 9th 1893
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Lammerts Furnit. Co
11. BIRTHPLACE (State or foreign country) Springfield Ill.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Thomas J. Kennedy
13b. MOTHER'S MAIDEN NAME Clara M. Breusing
14. NAME OF HUSBAND OR WIFE Catherine J. Kennedy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 328-10-3232
17. INFORMANT'S SIGNATURE OR NAME Mrs Catherine J. Kennedy ADDRESS 7938 N. Euclid

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 12 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c) Hypertension Cardiovascular Renal — Hypertension

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1949, *to* Jan 17, 1949, *that I last saw the deceased alive on* Jan 17, 1949, *and that death occurred at* 11:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph V. Gieselman (Degree or title) M.D.
23b. ADDRESS Barnes Hospital
23c. DATE SIGNED 1/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/20/49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. Springfield Ill
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 19 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Sullivans Funeral Dir. ADDRESS 2849 N. Euclid Ill

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L. Buskirk

Licensed Embalmer No. 3503

P. O. Address .....

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.