

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21266

5292

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Mad</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis O</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>17 3858 1/2 Windsor O</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosetta</u>			b. (Middle)		c. (Last) <u>Kennard</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>O</u>		
8. DATE OF BIRTH <u>APRIL 20, 1945</u>		9. AGE (in years last birthday) <u>4</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William B. Kennard</u>			13b. MOTHER'S MAIDEN NAME <u>Rosa Lee Sprieul</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>William B. Kennard</u> ADDRESS <u>3858 1/2 Windsor</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medulloblastoma</u>					<u>Undet.</u>	
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>540</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>19 1/2 X</u>				
22. I hereby certify that I attended the deceased from <u>4-26</u> , 19 <u>49</u> , to <u>6-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>49</u> , and that death occurred at <u>5:45 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Lillian Nash</u> (Degree or title) <u>M. D. O</u>			23b. ADDRESS <u>2601 N Whittier St.</u>			23c. DATE SIGNED <u>6-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>			
DATE REC'D BY LOCAL REG. <u>JUN 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wloyd English</u> ADDRESS <u>2931 Lucas</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Burleson English
1408
2931 Lucas

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.