

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24988

State File No. ....

318

1003

Registrar's No. 6649

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6649	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>				c. LENGTH OF STAY (in this place) <u>11</u>			
c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				d. STREET ADDRESS (If rural, give location) <u>City Hall Steps</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hall Steps</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 49</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank A. Kennedy</u>		b. (Middle)		c. (Last)		5. SEX <u>Male</u>	
6. COLOR <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11/25/1910</u>		9. AGE (In years) OF UNDER 1 YEAR IF UNDER 1 YEAR Months Days Hours Min. <u>38</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) <u>Chief Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Hall</u>		11. BIRTHPLACE (State or foreign country) <u>Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>		14. NAME OF HUSBAND OR WIFE <u>Wm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state branch or date of service) <u>Wm</u>		16. SOCIAL SECURITY NO. <u>Wm</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patrick E. Taylor</u>		ADDRESS <u>1300 Park</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Loxax pneumonia</u>  DUE TO (c) <u>N.M.A.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>108</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1290X</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE <u>Patrick E. Taylor</u>		(Degree or title)		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Wm</u>		24b. DATE <u>Jul 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jul 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Rowland Mortuary Service</u>			

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

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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.

Signed Howard A. Pauland

Signed.....  
Student Embalmer

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

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.

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