No. 300
10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28729

State File No.

BIRTH NO. REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 13063 Registrar's No. 2047

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (In this place) 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carson Park
d. STREET ADDRESS (If rural, give location) 8705 Alva

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Kennedy
4. DATE OF DEATH (Month) (Day) (Year) Aug 24, 1949
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 11, 1896
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Ball Park
11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jas. J. Kennedy
13b. MOTHER'S MAIDEN NAME Catherine Looney
14. NAME OF HUSBAND OR WIFE ~~Catherine~~ Ellen
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. 486-16-1459
17. INFORMANT'S SIGNATURE OR NAME Catherine Kennedy ADDRESS 8705 Alva

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) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years (?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — same
DUE TO (c) — 4 4 2 x

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive heart failure, Uremia, Fibrinous pericarditis — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ 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* Aug 9, 1949 *to* Aug 24, 1949, *that I last saw the deceased alive on* Aug 24, 1949, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Cohle (Degree or title) M.D.
23b. ADDRESS 601 S. Brentwood, Clayton
23c. DATE SIGNED 8-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 27 1949
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. 8-25-49
REGISTRAR'S SIGNATURE Herbert R. Demke Jr.
25. FUNERAL DIRECTOR'S SIGNATURE Austin Kelly ADDRESS 4386 Lindell

(Licensed Embalmer's Statement on Reverse Side)

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

CA-19

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.