

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25551

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1856

1. PLACE OF DEATH  
a. COUNTY **ST. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **ST. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **WEBSTER GROVES**

c. LENGTH OF STAY (in this place) **20 yrs**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **WEBSTER GROVES 4617**

d. FULL NAME OF HOSPITAL OR INSTITUTION **300 SYLVESTER**

h. STREET ADDRESS (If rural, give location) **300 SYLVESTER**

3. NAME OF DECEASED  
a. (First) **MARGARET** b. (Middle) **R.** c. (Last) **KENNEDY**

4. DATE OF DEATH (Month) (Day) (Year) **AUG. 1. 1950**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **FEB 12. 1859**

9. AGE (In years last birthday) **91**

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) **HOUSE WIFE**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **ST. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **MICHAEL RIAN**

13b. MOTHER'S MAIDEN NAME **ELLEN HICKEY**

14. NAME OF HUSBAND OR WIFE **DECEASED**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **JOHN KENNEDY 300 SYLVESTER**

18. CAUSE OF DEATH  
Enter one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma (Breast left)**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
  
**170X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
  
**170X**

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) (Min.)

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 **July 28, 1950**, to **July 28, 1950**, that I last saw the deceased alive on **July 28, 1950**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl P. Brock M.D.** (Degree or title)

23b. ADDRESS **227 E. Foxwood**

23c. DATE SIGNED **8-2-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **AUG. 4, 1950**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY Cem.**

24d. LOCATION (City, town, or county) (State) **ST. Louis, Mo.**

DATE REC'D BY LOCAL REG. **8-3-50**

REGISTRAR'S SIGNATURE **Herbert L. Donke M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **M. J. CROGHAN 7146 MANCHESTER**

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davig Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4083 -

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.