

No. 300
10-48

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39295

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2864

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) UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN University City 4936	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) 6323 Westminster 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6323 WESTMINSTER			

3. NAME OF DECEASED (Type or Print)	a. (First) CLAIRE	b. (Middle) OWENS	c. (Last) KENNETT.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 24. 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eliza Owens	13b. MOTHER'S MAIDEN NAME Sydia Smith	14. NAME OF HUSBAND OR WIFE Ruth M. Kennett
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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 Mrs. Evelyn K. Hartly	ADDRESS University City
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		1 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 19, 1948** to **Nov 27, 1950**, that I last saw the deceased alive on **Nov 26, 1950**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam F. Peam O.M.D.	23b. ADDRESS 35 W Central - St Louis Mo	23c. DATE SIGNED 11/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 11-29-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory - St. Louis Co. Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 11/27/50	REGISTRAR'S SIGNATURE Herbert R. Bonki M.D.	FUNERAL DIRECTOR'S SIGNATURE C.R. Iupton & Sons	ADDRESS 7233 Delmar Blvd;
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(Licensed Embalmer's Statement on Reverse Side)

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

40066

DEC 28 1950

SEP 28 1962

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.....
Student Embalmer

Signed *Melvin J. Kemper*

Licensed Embalmer No. *405-2*

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.