No. 300
10.48

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CF:St.Louis,Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11108

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 733

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF BKS MO
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS ADMIN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST.JAMES,MISSOURI 0810
d. STREET ADDRESS (If rural, give location): SOLDIERS HOME 1

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): (NMI)
c. (Last): KENNEDY

4. DATE OF DEATH (Month) (Day) (Year): 3-21-51

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 12-26-85
9. AGE (In years last birthday): 65 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: ~~[illegible]~~
11. BIRTHPLACE (State or foreign country): ST.LOUIS,MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PATRICK KENNEDY
13b. MOTHER'S MAIDEN NAME: CATHERINE WEDGE
14. NAME OF HUSBAND OR WIFE: _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 497-05-8954
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS,JEFF.BKS,MO.

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)	ACUTE MYOCARDIAL INFARCTION	4 DAYS
ANTECEDENT CAUSES	EMBOLISM TO LEFT FEMORAL ARTERY	3 DAYS
DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	GASTRO-INTESTINAL HEMORRHAGE	15 MIN.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
420.1
20. AUTOPSY? YES [X] 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 VA attended the deceased from* 3-18, 1951, *to* 3-21-51, 19__, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 10:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 0 (Degree or title): M.D.
23b. ADDRESS: VA HOSP.JEFF.BRKS,MO.
23c. DATE SIGNED: 3-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Rail 4
24b. DATE: 3/23/51
24c. NAME OF CEMETERY OR CREMATORY: To: Licklider Fun'l Home
24d. LOCATION (City, town, or county) (State): St.James, Missouri

DATE REC'D BY LOCAL REG.: 3/22/51
REGISTRAR'S SIGNATURE: Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hoffmeister U&L Co. 7814 S. Bdwy City II

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S Broadway

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.