

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24845
State File No.
Registrar's No. 5209

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5209	
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 56 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1631 McLaren Ave.				d. STREET ADDRESS (If rural, give location) 1631 McLaren Ave.			
3. NAME OF DECEASED (Type or Print) Clarence A. Kenyon			4. DATE OF DEATH (Month) (Day) (Year) 6 22 51				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 14, 1894	
9. AGE (In years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Brass Foundry		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Hugg		13b. MOTHER'S MAIDEN NAME Louisa Lochmann		14. NAME OF HUSBAND OR WIFE Viola Kenyon	
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. 494-24-7186		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Kenyon 1631 McLaren Ave.			
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) Congestive Heart Failure ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis DUE TO (c) Rheumatic Fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 20 yrs.	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR H.D.I.K.			
22. I hereby certify that I attended the deceased from Sept. 1950, to June, 1951, that I last saw the deceased alive on June 22, 1951, and that death occurred at 11:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Wiesler, D.O.				23b. ADDRESS 5255 Thekla		23c. DATE SIGNED 6/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/51		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 25 1951		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedmeyer & Sons 3934 N. 20th St.			

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

Neville B. Prohwitter

Signed.....

Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20th St*

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.