

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35260**
9268

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 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) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 5636 Labadie Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MALCOM BLISS HOSPITAL | | | |

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|-------------------------------------|--------------------------|-----------------------|---------------------------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JOSEPH | b. (Middle) E. | c. (Last) KENNEDY. | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1951 |
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|--------------------|-------------------------------|-------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH APRIL 19, 1873 | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 78 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor & Builder; self employed | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|--------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| 13a. FATHER'S NAME James S. Kennedy | 13b. MOTHER'S MAIDEN NAME Mary Catherine Brown. | 14. NAME OF HUSBAND OR WIFE Jeanette L. Kennedy. |
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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. 490-20-7726A | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James B. Kennedy; 7434 Melrose Ave., |
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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, asphyxia, 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) _____ | DUE TO (b) Chronic Myocarditis | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) Chronic Intestinal | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Hepatitis | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR HH2X |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner | 23b. ADDRESS 31300 Clark | 23c. DATE SIGNED 10-20-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Oct. 22, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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|---------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. OCT 22 1951 | REGISTRAR'S SIGNATURE Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd. |
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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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.