

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10915

State File No.

FILED MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 580

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u> <u>4161</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>6233 Lorraine Ave.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>K</u> c. (Last) <u>Kennedy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1 1952</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Mar. 17 1896</u> |
| 9. AGE (In years last birthday) <u>55</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 MIN. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman For Anheuser Busch</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>John Kennedy</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Laramie</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. I</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William Scleuter, 6233 Lorraine</u> |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>2hr</u> ANTECEDENT CAUSES Morbidity 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. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <u>4201</u> | |
| 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 type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>Sept 19 40</u> , to <u>Mar 19 52</u> , that I last saw the deceased alive on <u>Feb 12, 19 52</u> , and that death occurred at <u>7:15 p m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Edward W. G. ...</u> (Degree or title) | | 23b. ADDRESS <u>3781 Grand St. Sg.</u> | |
| 23c. DATE SIGNED <u>3/6/52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>3/5/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral, 1905 Union Blvd.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-3-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

THE DIVISION OF HEALTH AND HUMAN SERVICES

Recd Mar 21 1952
Paul R. Whitener
8923 Midland Ave
W1. 1248

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 *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

P. O. Address *St Louis*

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.