

**STANDARD CERTIFICATE OF DEATH**

State File No. **22221**  
 Registrar's No. **6215**

**FILED JUL 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>St. Louis</b> <b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>14 5322 Itaska St.</b>	

3. NAME OF DECEASED (Type or Print) <b>ALICE KENEHAN</b>			4. DATE OF DEATH (Month) <b>6</b> (Day) <b>29</b> (Year) <b>1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>About 61</b>		
9. AGE (In years last birthday) <b>61</b>			10. AGE (In years last birthday) <b>61</b>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cashier (Retired 20 Yrs) Chase Hotel</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chase Hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Patrick Kenehan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmiry</b> ADDRESS <b>5800 Arsenal</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease years</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis years</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Gen Polyo (Generalized) Osteo Arthritis Deformans year</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	

22. I hereby certify that I attended the deceased from **1/13/49**, 19\_\_\_\_, to **June 29**, 19**52**, that I last saw the deceased alive on **6/29**, 19**52**, and that death occurred at **8:20P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>George Esker, M.D.</b> (Degree or title)		23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>6/30/52</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 2, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>JUL 1 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>			
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(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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

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.