

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33101

State File No.

OCT 4 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 8832

1. PLACE OF DEATH a. COUNTY <u>St Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo.</u>		c. LENGTH OF STAY (In this place) <u>84 Yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO.</u>		<u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4219 W Farlin Ave</u>		d. STREET ADDRESS (If rural, give location) <u>10 4219 W Farlin Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J</u> c. (Last) <u>Kennedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22 1868</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Kennedy</u>	
13b. MOTHER'S MAIDEN NAME <u>Annie Mc Carthy</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Kennedy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Kennedy</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr of skull; Subdural hemorrhage; when he fell down the steps at his home Sept 20 1952</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>same</u> DUE TO (c) <u>same</u> II. OTHER SIGNIFICANT CONDITIONS <u>exact time unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no Accident</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 20 5:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>F900 0</u>		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 <u>800A m.</u> , from the causes and on the date stated above. <u>21</u>	
23. SIGNATURE <u>Patrick E. Layton</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>9-22-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 22 1952</u>		ADDRESS <u>Stroot-carroll 4600 Natural Bridge ave</u>	

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

2006 211

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 Mayfield

Licensed Embalmer No. 3077

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.