

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22942**
Registrar's No. **5853**

FILED **JUL 2 - 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Alabama		b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Montgomery		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 510 Chisholm Street			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) C		c. (Last) KENNEDY
4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH November 24, 1906		9. AGE (In years last birthday) 46 If UNDER 1 YEAR: Months 6 Days 18 If UNDER 10 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Hazel-Atlas Glass		11. BIRTHPLACE (City and State or Foreign Country) Montgomery, Alabama	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Henry Kennedy		13b. MOTHER'S MAIDEN NAME Mary L. Bransford	
14. NAME OF HUSBAND OR WIFE Lucille Blackstone Kennedy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 419-22-3242	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W.H.V. Hoefer, Chesterfield, Missouri		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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Myocarditis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Cachexia		INTERVAL BETWEEN ONSET AND DEATH 1 wks 6 mos 4 mos 2 mos	
19a. DATE OF OPERATION Jan 1953		19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer c. obstructive		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) 002X	
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 5/28/53 , 19 53 , to 6/11/53 , 19 53 , that I last saw the deceased alive on 9/11/53 , 19 53 , and that death occurred at 1:42 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Walter H. Hoefer, M.D.		23b. ADDRESS 3108 South Blvd.		23c. DATE SIGNED 6/11/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-12-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) Montgomery, Alabama		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc., 1936 St. Louis Ave.			
DATE REC'D BY LOCAL REG. JUN 12 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLUE 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. *None* working under my personal supervision..

Student *None*
Signature of Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. *349*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.