

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

23304

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1689

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 OR TOWN <u>MAPLEWOOD</u>	
c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2600 BELLEVUE AV.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>J.</u> c. (Last) <u>Kennedy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 53</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>APRIL 28,</u>		9. AGE (In years last birthday) <u>80-</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARDENER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LANDSCAPE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW YORK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>PATRICK KENNEDY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PUREY</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH 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 ADDRESS <u>B.S.F. KENNEDY (SON) 2600 BELLEVUE MAPLEWOOD.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Right Lower Lobe</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriolar nephrosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>15 yrs</u> <u>70 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE OR 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) (Min.)		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 6-8, 1953 to 6-14, 1953, that I last saw the deceased alive on 6-14, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Nichols MD</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>6-18-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BABYLON N.Y.</u>	
24d. LOCATION (City, town, or county) (State) <u>MAPLEWOOD NEW YORK</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>831 E. BIG BEND RD WEBSTER GROVES, 19, MO</u>			
DATE REC'D BY LOCAL REG. <u>6-18-53</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Domb...</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10000

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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.....  
Signature of Student Embalmer

Signed *Ronald D. [Signature]*.....  
Licensed Embalmer No. *391*.....  
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.