

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23480

FILED JUN 26 1953

State File No. \_\_\_\_\_

BIRTH NO. 40395 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1643

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>  |  |
| c. LENGTH OF STAY (in this place) <u>1 Day</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>2285 Ashby Road</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>     |  |   |  |

|   |             |                          |   |
|---|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BABY</u> | b. (Middle) | c. (Last) <u>KENNEDY</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6</u> <u>13</u> <u>53</u> |
|---|-------------|--------------------------|---|

|                      |                               |  |                                 |  |                                      |                             |
|----------------------|-------------------------------|--|---------------------------------|--|--------------------------------------|-----------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>6-12-53</u> | 9. AGE (In years last birthday) <u>9</u> | IF UNDER 1 YEAR Months <u>9</u> Days | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|--|---------------------------------|--|--------------------------------------|-----------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.-A.</u> |
|---|---|---|---|

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|--|---|---|
| 13a. FATHER'S NAME <u>Edward Kennedy</u> | 13b. MOTHER'S MAIDEN NAME <u>Out, Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> |
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|   |                                     |   |                               |
|---|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD KENNEDY</u> | ADDRESS <u>2285 ASHBY RD.</u> |
|---|-------------------------------------|---|-------------------------------|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Prematurity</u> |  |                                  |
|   | DUE TO (c)   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>7735</u> | 20. AUTOPSY?<br>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) m. | 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 6-12, 1953, to 6-13, 1953, that I last saw the deceased alive on 6-13, 1953 and that death occurred at 5:20 m., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Ma Anne Kucha, MD</u> | 23b. ADDRESS <u>2335 Brown Rd</u> | 23c. DATE SIGNED <u>6/13/53</u> |
|---|-----------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6/13/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
|---|--------------------------|--|--|

|   |  |  |                                    |
|---|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-13-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dumb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McCollins Funeral Home</u> | ADDRESS <u>10123 St. Char. Rd.</u> |
|---|--|--|------------------------------------|

(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 NO Embalming

Student Embalmer

Signed Sheldon Collins

Licensed Embalmer No. 3382

P. O. Address 10123 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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