

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26559

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6361

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 8 mos. & 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		d. STREET ADDRESS (If rural, give location) 3923 Olive St.	

3. NAME OF DECEASED (Type or Print) THOMAS	a. (First)	b. (Middle)	c. (Last) KENNEDY	4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1953
--	------------	-------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 23, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIN JANORCE MAN	10b. KIND OF BUSINESS OR INDUSTRY 5	11. BIRTHPLACE (City and State or Foreign Country) Homesville, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	---	--

13a. FATHER'S NAME John Kennedy	13b. MOTHER'S MAIDEN NAME Jane Davis	14. NAME OF HUSBAND OR WIFE Widower
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME Mary Chamberlain, 5390 Parkway	ADDRESS
--	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, general DUE TO (c)		yes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus			yes

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? 331X
---	--	---

22. I hereby certify that I attended the deceased from **Oct. 17, 1952**, to **June 24, 1953**, that I last saw the deceased alive on **June 24, 1953**, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William M. Dweeney MD	23b. ADDRESS 5600 Arsenal St.	23c. DATE SIGNED 6/24/53
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 6/26/53	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory, St. Louis County, MO	24d. LOCATION (City, town, or county) (State) St. Louis County, MO
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. JUN 26 1953	REGISTRAR'S SIGNATURE Paul Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Bull Campbell	ADDRESS Montgomery, 4215 Lindell
--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Rev. E. Campbell

Licensed Embalmer No.

3881

P. O. Address

St. Louis 8 Mo.

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.