

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30128

State File No.

318

1003

7822

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 1 1/2 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1936a Hebert Street, 7.			d. STREET ADDRESS (If rural, give location) 26 1936a Hebert Street, 7.		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) TIMOTHY	c. (Last) KENNEY	4. DATE OF DEATH (Month) (Day) (Year) August 8th, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9th, 1889		9. AGE (In years last birthday) 64 # UNDER 1 YEAR Months Days # UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Factory Work		10b. KIND OF BUSINESS OR INDUSTRY Superior Ins. DUSTRY Tape Company	11. BIRTHPLACE (City and State or Foreign Country) Cahokia, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bradley Kenney		13b. MOTHER'S MAIDEN NAME Jenny Palmier		14. NAME OF HUSBAND OR WIFE Ida Mae Kenney nee Ballard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 498-09-0743	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. T. Kenney, 1936a Hebert Street, 7.		
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) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3-30-53
			ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
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) 332X	
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 3-30-53 , 19____, to 8-8-53 , 19____, that I last saw the deceased alive on 5-2-53 , 19____, and that death occurred at 12:10A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter H. Rossmore M.D.			23b. ADDRESS 1515 St. Louis		23c. DATE SIGNED 8-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/11/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. AUG 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.	

(Licensed Embalmers' Statement on Reverse Side)

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

File in City

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 Ralph C. Lindner

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.