

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

40685

FILED DEC 4- 1953

State File No. _____
Registrar's No. **11115**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 6300 Alabama	
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3. NAME OF DECEASED (Type or Print) William J. Kennedy	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1953
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 4, 1898	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 RES. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent	10b. KIND OF BUSINESS OR INDUSTRY Met. Life Ins.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James Kennedy	13b. MOTHER'S MAIDEN NAME Bridget O'Meara	14. NAME OF HUSBAND OR WIFE Unk.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give age or date of service) no no	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roger M. Kennedy 6300 Alabama
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Hypertensive Nephropathy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac far advanced - Chronic Pancreatitis DUE TO (c) Arteriosclerotic Cardiovascular System	INTERVAL BETWEEN ONSET AND DEATH 4 days 10 yrs 2 yrs 2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 11/11/53	19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis, Chronic Pancreatitis, Cardiac far advanced, Uremia	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? 5810
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22. I hereby certify that I attended the deceased from Jan 15, 1947, to Nov. 23, 1953, that I last saw the deceased alive on 11/23/53, 19____, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS 1901 Madison St.	23c. DATE SIGNED 11/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-25-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay, 23, Mo.
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DATE REC'D BY LOCAL REG. NOV 23 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD ST. LOUIS 11, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ciapciak 1901 Madison

12 to 4

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

David Van Foxson

Licensed Embalmer No. 4241

P. O. Address 6322 1/2 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.