

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. **44302**
Registrar's No. **11833**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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 St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3855a Minnesota Ave.			e. STREET ADDRESS (If rural, give location) 24 3855a Minnesota Ave, 2249		
3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle)	c. (Last) Kennedy	4. DATE OF DEATH (Month) (Day) (Year) December 15, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR 3 Months 5 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Cork, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Scannell		13b. MOTHER'S MAIDEN NAME Julia Riordan		14. NAME OF HUSBAND OR WIFE John J. Kennedy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Kennedy 3855a Minnesota Ave.			
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) Uro-nephrosis (acute chronic) ANTECEDENT CAUSES Due to (b) Haemia DUE TO (c) Anuria - General Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH Don't Know
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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? 6000			
22. I hereby certify that I attended the deceased from Dec 10, 1953 , to Dec 15, 1953 , that I last saw the deceased alive on 12/15, 1953 , and that death occurred at 1:10A m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		(Degree or title) _____	23b. ADDRESS Summit Club Bldg.		23c. DATE SIGNED 12/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/17/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) St. Louis		(State) Mo.
DATE REC'D BY LOCAL REG. DEC 15 1953	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.		

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.....
Signature of Student Embalmer

Signed *Robert Gebken*.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois Ave......

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.