

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44303**FILED **DEC 17 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11781**

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>ST LOUIS,</b>   |  | c. CITY OR TOWN <b>ST. LOUIS,</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4491 KOSSUTH</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>ANNA</b> b. (Middle) <b>C.</b> c. (Last) <b>KENNEY</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>DEC, 12, 1953</b>   |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOW</b>  | 8. DATE OF BIRTH<br><b>9/28/1888</b>   |
| 9. AGE (In years last birthday)<br><b>65</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>ELIZABETH N. J.</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 13. FATHER'S NAME<br><b>JOHN J. HANLON</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>ELLEN MADDING</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>THOMAS KENNEY</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>BERNICE KENNEY</b>   |  | ADDRESS<br><b>4491 KOSSUTH</b>  |  |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary arteriosclerosis</b><br>DUE TO (c) <b>Gen. arteriosclerosis</b> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>sudden</b><br><b>many yrs.</b><br><b>many yrs.</b>   |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>4201</b>   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>51</b> to <b>Dec 12</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Dec 8</b> , 19 <b>53</b> , and that death occurred at <b>5 AM.</b> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE<br><b>Marlin C. Sporeman M.D.</b>   |  | 23b. ADDRESS<br><b>433 9 National Bridge</b>  |  |
| 23c. DATE SIGNED<br><b>12/14/53</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 24b. DATE<br><b>12/16/53</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY CEMETERY</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS MISSOURI</b>   |
| DATE REC'D BY LOCAL REG.<br><b>DEC 14 1953</b>   | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith M.D.</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>STROOT - CARROLL 4600 NATL BRIDGE</b>  |  |

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

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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 *M. W. Ruster*.....

Licensed Embalmer No. *4865*

P. O. Address *St Louis, Mo*

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.