

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13654

FILED APR 21 1954

State File No. \_\_\_\_\_  
Registrar's No. **2644**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>4482 Suburban Trask</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Goldie</b> b. (Middle) <b>Kennedy</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 20, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 23, 1909</b>
9. AGE (in years last birthday) <b>44</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Stokes</b>	
14. NAME OF HUSBAND OR WIFE <b>Leo Kennedy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Morgan 7379 Labadie</b>	
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) <b>Carbon Monoxide poisoning</b> <b>suffered when over came by fumes resulting from fire in house at 4484 Suburban Trask about 2:24 pm March 20, 1954. Cause by fire</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Undetermined.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 20 54 2<sup>24</sup> pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>CO2 E916.0</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Patrick C. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark Ave</b>	
23c. DATE SIGNED <b>3-24-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	
24b. DATE <b>Mar 27/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dubois</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Carl Smith mort. G. Green 4214 Delmar</b>	
DATE REC'D BY LOCAL REG. <b>MAR 23 1954</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Carl Smith mort. G. Green 4214 Delmar</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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 *Leroy H. Bunnist* .....

Licensed Embalmer No. *452*

P. O. Address *3850 East* .....

**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.**