

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

State File No. **13533**

FILED APR 28 1955

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Registrar's No. **3514**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY _____				a. STATE <u>Missouri</u>		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4.5 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(Home) 1458 Apollon St</u>				STREET ADDRESS (If rural, give location) <u>1458 Apollon St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Helen</u>		b. (Middle) _____		c. (Last) <u>Kennedy</u>	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>15</u>		(Year) <u>55</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>		8. DATE OF BIRTH <u>8-17-1909</u>	
9. AGE (in years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Robert Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Barah Stewart</u> ADDRESS <u>1310 N. Tantor Ave</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Lobar Pneumonia</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>490x</u>			
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 <u>Joseph M. Quinn Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/20/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>4-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bellevue Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 20 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Howe</u>		ADDRESS <u>2930 Dickson St</u>	

WRITE PLAINLY—USING UNFAADING 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. Bannister*

Licensed Embalmer No. *4520*

P. O. Address *9880 E*

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.