

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24875

State File No. ....

FILED JUL 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1526

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>	c. LENGTH OF STAY (In this place) <u>11 yrs 10 mos</u>	c. CITY OR TOWN <u>St. Louis</u>	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 <u>Mother of Good Counsel</u>		e. STREET ADDRESS (If rural, give location) <u>5255 St. Louis Ave., 2069</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) _____ c. (Last) <u>Kennedy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 2, 1868</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Donohue</u>	13b. MOTHER'S MAIDEN NAME <u>Mary McAndrews</u>	14. NAME OF HUSBAND OR WIFE <u>John Kennedy (decd.)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Marie Curley</u>	ADDRESS <u>5255 St. Louis Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage S.T. tract</u>		<u>24 hrs</u>
	DUE TO (c) <u>Cause Undetermined</u>		
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart disease</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>578x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Apr, 1955, to July 2, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>MR Stachle</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>4124 Natural Bridge</u>	23c. DATE SIGNED <u>7-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-6-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/5/55</u>	REGISTRAR'S SIGNATURE <u>Kerbert P. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullinane Bros</u>	ADDRESS <u>3320 N. Kingshighway</u>
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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.....  
*Fred Frick*

Licensed Embalmer No.....318

P. O. Address...St. Louis,

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.