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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **34900**  
Registrar's No. **9020**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <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>D. O. A. CHRISTIAN HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>10 4491 KOSSUTH AVE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>WILLIAM KENNEY</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>10/16/55</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>2/19/1913</b>	9. AGE (in years last birthday) <b>42</b> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>T.R.R.A.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>THOMAS KENNEY</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA HANLON</b>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR 2</b>		16. SOCIAL SECURITY NO. # _____			
17. INFORMANT'S SIGNATURE OR NAME <b>BERNICE KENNEY</b>		ADDRESS <b>4491 KOSSUTH AVE</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>Hydrothorax (bilateral)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Oedema of Lungs;</b> DUE TO (c) <b>Cirrhosis of Liver</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>581.0</b>		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?			
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 <b>5:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Keely</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10-17-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/19/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>			
24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Earl Smith, m.d.</b>					
25. ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>		REG. DIST. NO. <b>318</b>					

S.P. (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, ~~myself~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer



Signed.....

Licensed Embalmer No. 420

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.