

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

32163

State File No. _____
Registrar's No. **8342**

FILED SEP 26 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | 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 5137 Maffitt Ave. | | STREET ADDRESS (If rural, give location) 5137 Maffitt Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) L. c. (Last) Kenyon | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 28 1884 |
| 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Leather | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME James Kenyon | |
| 13b. MOTHER'S MAIDEN NAME Jane Whelan | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 492-03-1233 | |
| 17. INFORMANT'S SIGNATURE OR NAME Miss Mary Kenyon | | ADDRESS 5137 Maffitt Ave. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) <i>Myocarditis</i> <i>Enteric Sclerosis</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTICIPANT CAUSES Morbid conditions, if any, giving rise to the above cause (a) and underlying cause (a). DUE TO (b) _____ 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 422.1 | |
| 20. AUTOPSY? 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) | | 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 Sept. 7th , 1956, to Sept 8 , 1956, that I last saw the deceased alive on Sept 7th , 1956, and that death occurred at 9^{am} m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS 4909 Jerry Ave | |
| 23c. DATE SIGNED 9-8-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/11/56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. SEP 10 1956 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | ADDRESS Sullivan's 2849 No. Euclid Ave. | |

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.....
Albert D. Mayfield

Licensed Embalmer No. 502

P. O. Address.....

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.