FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36640
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2567

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chesterfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woods Mill Road, Route 2 — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Chesterfield 4000 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Woods Mill Road, Route 2 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First THELMA Middle KENNEDY Last HOEFER

4. DATE OF DEATH Month October Day 29 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec.4, 1904
9. AGE (In years last birthday) 51 yrs. — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Montgomery, Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Henry Kennedy
14. MOTHER'S MAIDEN NAME Mary J. Bransford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. none
17. INFORMANT Dr.W.H.V.Hoefer,M.D. Address Woods Mill Rd.Rt.2 Chesterfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cachexia — 5 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Medullary Carcinoma Lt Breast 1943 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 2, 1952 to Oct 29, 1952 and last saw her/him alive on 10/29/56
Death occurred at 12:20 a.m. p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Walter H. Hoefer (Degree or title) MD
22b. ADDRESS 3108 S. Grand.
22c. DATE SIGNED 10/29/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct.31,1956
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H.INC., ADDRESS 1936 St.Louis Ave.
25. DATE RECD. BY LOCAL REG. 10-30-56
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.