

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44843

STATE FILE NUMBER 11477

FILED JAN 29 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital		Length of stay in lb g/15 ⁹ STREET ADDRESS 4200 Beethoven (If outside, give location)	
3. NAME OF DECEASED (Type or print) ROBERT KENNEDY		4. DATE OF DEATH 12-14-56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1906
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stationery engineer		10b. KIND OF BUSINESS OR INDUSTRY Rexall Drug Co.	
11. BIRTHPLACE (City and state or country) Fredericktown, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Kennedy		14. MOTHER'S MAIDEN NAME Ida Francis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Bonnie Hunt, 4179 Taft ave.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) when found in auto in garage in rear of house on DUE TO (c) December 14, 1956. Mother's PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> Verdict		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) accidental or suicide could	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY 800 STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Deputy James M Kelly		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 12-17-56			
23a. BURIAL, CREMATION, REMOVAL (specify) removal		23b. DATE 12-16-56	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Flat River, Mo. (State)	
24. FUNERAL DIRECTOR Caldwell, Flat River, Mo.		25. DATE RECD. BY LOCAL REG. DEC 14 1956	
		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

ath, ylfare blic rvice
300 -56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms or signs of disease or injury are to be recorded in Part I unless they are causally related to the death.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Homer W. J. J. J.*

Licensed Embalmer No. *3*

P. O. Address..... *St. L.*

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.