

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2450

State File No. _____

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 2 days	
c. CITY OR TOWN Saint Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 553 Decatur	
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) J. c. (Last) Kennedy		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 31, 1872
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plasterer helper	11. BIRTHPLACE (City and State or Foreign Country) C Saint Charles Co., Mo.
10b. KIND OF BUSINESS OR INDUSTRY retired		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Kennedy		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Anna Meyers Kennedy		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. 489-18-1619		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Kennedy, St. Charles, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy of cerebral choroid & hemiplegia (right)</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): DUE TO (c) <i>arteriosclerosis, generalized</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>potatic hypertrophy (benign)</i>	
INTERVAL BETWEEN ONSET AND DEATH 1/10/57 10 yrs 5 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x	
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 12/15, 1956, to 1/12, 1957, that I last saw the deceased alive on 1/11, 1957, and that death occurred at 3 A. M., from the causes and on the date stated above.			
23a. SIGNATURE George E. Kriehn (Degree or title) M.D.		23b. ADDRESS St. Charles Mo	
23c. DATE SIGNED 1-12-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery Saint Charles, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. Jan 12 1957		REGISTRAR'S SIGNATURE Harnie Hamilton H.C. Dailmyer St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

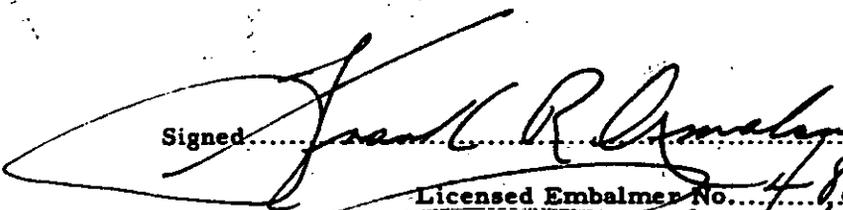
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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..... 

Licensed Embalmer No. 48

P. O. Address St. Charles

**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.**