

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2868

FILED FEB 4 1957

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State File No. \_\_\_\_\_  
Registrar's No. **542**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <b>542</b>			
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) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Alexian Broas. Hosp.</b>				STREET ADDRESS (If rural, give location) <b>5338 Bartmer Ave</b>							
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First) _____		b. (Middle) <b>R</b>		c. (Last) <b>Kennedy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17, 1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 24, 1880</b>		9. AGE (In years last birthday) <b>76</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patrolman - Metropolitan Police</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>William Kennedy</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Minahan</b>			14. NAME OF HUSBAND OR WIFE <b>Mamie Church</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500-26-0557</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James I. Kennedy 5661 Bermuda 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, assthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Degenerative Myocarditis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Pneumonitis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>several yrs.</b> <b>2 weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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 <b>1/6</b> , 19 <b>57</b> , to <b>1/16/</b> , 1957, that I last saw the deceased alive on <b>1/16</b> , 19 <b>57</b> and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>E.F. Sassia</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>518 Frisco Building</b>		23c. DATE SIGNED <b>1/17/57</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/19/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galvany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>					
DATE REC'D BY LOCAL REG. <b>JAN 18 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D. Cullen &amp; Kelly</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith M.D. Cullen &amp; Kelly</b>		ADDRESS <b>7267 Natural Bridge</b>					

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

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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..... *James A. Lamm*

Licensed Embalmer No..... 414

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.