FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33718

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8725

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY ~~St. L~~
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital — Length of stay in 1b: 1-week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 339 N (If not in city, give rural location) Avalon Hotel — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Mary — Middle Elizabeth — Last Kennedy

4. DATE OF DEATH Month Sept. Day 16 Year 1957

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct. 17, 1872

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR: Months 10, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Kennedy

13b. MOTHER'S MAIDEN NAME Eliza Walsh

14. NAME OF HUSBAND OR WIFE

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 Mrs. Joseph Leonard Jr. — Address 901 Pettus Pl. St. Charles, 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) FRACTURE INTERTROCHANTERIC, LEFT FEMUR. SURGERY + NAILING PERFORMED — INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c) TRACHEITIS — 3 DAYS
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL AT NUASING HOME (MOLL NURSING HOME 322 BENTON, VALLEY PARK) SEPT 10 1957.

20c. TIME OF INJURY Hour 11 55 a.m. p.m. — Month, Day, Year 9 10 57

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20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NURSING HOME

20f. CITY, TOWN, OR LOCATION VALLEY PARK — COUNTY ST. LOUIS — STATE MO

21. I attended the deceased from SEPT 11, 1957, to SEPT 16, 1957 and last saw her alive on SEPT 16, 1957
Death occurred at FAITH HOSPITAL 11 55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton I. Leubel (Degree or title) MD

22b. ADDRESS 100 N. Euclid

22c. DATE SIGNED Sept 17, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 19, 1957

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. SEP 17 57

26. REGISTRAR'S SIGNATURE Earl Smith MD

(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 embalme

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Frances Williams

Licensed Embalmer No. 3566

P. O. Address 3840 Lin

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