

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008070

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 410

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pagedale
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in 1b D.O.A.	d. STREET ADDRESS (If outside, give location) 6757 Schofield Ave
3. NAME OF DECEASED (Type or print) HAROLD WINDOR KENNEDY		4. DATE OF DEATH February 7, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec 14, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool and Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Co.	11. BIRTHPLACE (City and state or country) St. Louis County, Mo.
13a. FATHER'S NAME Marvin Homer Kennedy		13b. MOTHER'S MAIDEN NAME Maud Ferguson	14. NAME OF HUSBAND OR WIFE Esther Kennedy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 493-03-7144	17. INFORMANT Address Mrs. Esther Kennedy, 6757 Schofield Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain damage as a result of automobile accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of car he was operating which struck a tree	
20c. TIME OF INJURY Hour Month, Day, Year 11:14 p.m. 2/7/58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public street	20f. CITY, TOWN, OR LOCATION / 34 COUNTY St. Louis STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jaymald Harris		22b. ADDRESS Coroner Clayton, Mo.	22c. DATE SIGNED 2/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Larrel Hill Gardens	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave		25. DATE RECD. BY LOCAL REG. 2-10-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard manufacturers' instruments. No symptoms. All diseases in Part I must be causally related.

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 *Stanley H. Ripon*

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

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.