

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI 27745-58
STANDARD CERTIFICATE OF DEATH

58-016011
State File No.

318

1003

4736

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Incarnate Word Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>179 1546 S. Compton Avenue</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOEL</u>		b. (Middle) <u>DOUGLAS</u>		c. (Last) <u>KENNEDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1, 1958</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>May 1, 1958</u>					
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. <u>2 21</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>James Edward Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Dortha Mae Phelps</u>					
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>							
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Kennedy, 1546 S. Compton Av.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasia both lungs</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>atresia left lung</u></p> <p>DUE TO (c) <u>absense left leaf of diaphragm</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Partial atresia of right lung</u></p> <p><u>mal-formed liver.</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>at birth</u>							
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				759.0			
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 <u>5-1-58</u> , 19 <u>58</u> , to <u>5-1-58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-1-58</u> , 19 <u>58</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>John P. ...</u> (Degree or title) _____				23b. ADDRESS <u>1715 So 39th St. Louis (MO) No</u>		23c. DATE SIGNED <u>5-1-58</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-3-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coldwater</u>		24d. LOCATION (City, town, or county) (State) <u>Coldwater, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>MAY 2 58</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN'S, 2301 Lafayette Ave.</u> ADDRESS _____							

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

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 *H. G. Farris*.....

Licensed Embalmer No. *338*.....

P. O. Address *H. Farris*.....

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.