No. 300
10-48

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CF: Wash. D.C.
FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-016926

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1017

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 381
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2307 LINCOLN

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): S. KENNY
c. (Last): (Army)
THOMAS S. KENNEY (Correct)

4. DATE OF DEATH (Month) (Day) (Year): 4-10-58

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-29-77
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Steel Company
11. BIRTHPLACE (City and State or Foreign Country): PUTTMAN COUNTY, WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: MITCHEL KENNEY
13b. MOTHER'S MAIDEN NAME: MARY - (Unknown)
14. NAME OF HUSBAND OR WIFE: ALICE KENNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: 333-03-5434
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA HOSP. RECORDS, JEFFERSON BARRACKS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, left — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Silicotuberculosis, pulmonary, far advanced with extreme fibrosis — undetermined
DUE TO (c) 001 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain syndrome, associated with cerebral arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *I attended the deceased from* 3-25-57, *19*___, *to* 4-10-58, *19*___, ~~that I last saw the deceased~~ ~~[illegible]~~, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Oppler, M. D. (Degree or title) Dir. Prof. Services
23b. ADDRESS: VA HOSP. JEFFERSON BARRACKS, MO.
23c. DATE SIGNED: 4-10-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/14/58
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG.: 4-11-58
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Francis J. Lahey Madison Ill.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address Madison

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