Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031237
STATE FILE NUMBER

Filed SEP 12 1958 Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2210

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ferguson — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 901 Smith Rd. — Length of stay in 1b: 9 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Ferguson 4008 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 901 Smith Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: James Middle: Last: Kenner (Blue)

4. DATE OF DEATH: Month Day Year: 8/23/58

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: 1/23/98

9. AGE (In years last birthday): 60 — 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): Staff Manager

10b. KIND OF BUSINESS OR INDUSTRY: Prudential Ins.

11. BIRTHPLACE (City and state or country): Ava, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Blue

13b. MOTHER'S MAIDEN NAME: Ida Kenner

14. NAME OF HUSBAND OR WIFE: Blanche F.. Kenner, Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 497-05-7560

17. INFORMANT Address: Doris Kenner, Ferguson, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Coronary — Cardiac — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from — 1956, to 1958 and last saw ~~her~~ him alive on Feb — 1958
Death occurred at Home 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: Aug 25 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/26/58
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR: White-Mullen
ADDRESS: 118 N. Florissant R.
25. DATE RECD. BY LOCAL REG.: 8-25-58
26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Larry M. White

Licensed Embalmer No. 3973

P. O. Address Bergman

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.