

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046791

STATE FILE NUMBER

FILED JAN 14 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3413

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hosp.			Length of stay in lb 1-yr.	d. STREET ADDRESS (If outside, give location) 221 N. Grand Blvd.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Reverend Laurence J. Kenny S.J.				4. DATE OF DEATH Dec. 28, 1958		5. SEX M.	
6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 12, 1864		9. AGE (In years last birthday) 94	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest-Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Zaleski, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Thomas Kenny				14. MOTHER'S MAIDEN NAME Margaret Hayes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Rev. Thomas F. Thor, S.J., 221 N. Grand Blvd.			
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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 420.1							INTERVAL BETWEEN ONSET AND DEATH 8 hrs
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-18-58 to 12-28-58 and last saw him alive on 12-25-58 Death occurred at 8:10 pm. m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE William A. Warner M.D.				22b. ADDRESS 4401 Hampton		22c. DATE SIGNED 12-29-58	
23a. BURIAL REMARKS EMERALD Removal		23b. DATE Dec. 31, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Stanislaus Seminary		23d. LOCATION (City, town or county) (State) Florissant, Missouri		
24. FUNERAL DIRECTOR Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE Herbert G. Donkey	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Health Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4440 / 0747
Stamps on

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.....
[Handwritten Signature]

Licensed Embalmer No. 469

P. O. Address 384

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.