

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011850

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 807

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-57

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breckenridge Hills</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Breckenridge Hills</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3254 Coles</u>		Length of stay in lb <u>15 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>3254 Coles</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Kennedy</u> Last <u>Kennedy</u>			4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>59</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 5 1882</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>G D Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>unk.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>No</u> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>Beulah Adams Vienna W Virginia</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u>					<u>5 yrs</u>
DUE TO (c) <u>Virus pneumonia</u>					<u>3 days</u>
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>2:15</u> Month, Day, Year <u>Feb. 1959</u> a.m. <u>P</u> p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>May 1958</u> to <u>Feb. 1959</u> and last saw her alive on <u>Feb. 4, 1959</u> Death occurred at <u>2:15 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. F. Smider</u> (Degree or title) <u>1</u>			22b. ADDRESS <u>2573 Woodson Rd., Overland 14, Mo.</u>		22c. DATE SIGNED <u>3/24/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Mar 27 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>
24. FUNERAL DIRECTOR <u>ORTMANN FUNERAL HOME</u> ADDRESS <u>9222 LACKLAND OVERLAND</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Samuel Stipanovic, Student Embalmer No. 578 working under my personal supervision.

Student Samuel Stipanovic  
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address .....

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.