RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-024586

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6026

DED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, MO — Length of stay in 1b 2 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Childrens — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3615 Shennandoah — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Kathleen Middle Ann Last Hennessy

4. DATE OF DEATH Month June Day 11 Year 1960

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-18-58

9. AGE (last birthday) 1yr — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, MO

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME George Hennessy

13b. MOTHER'S MAIDEN NAME Pauline Bendyk

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)

16. SOCIAL SECURITY NO. None

17. INFORMANT GEORGE HENNESSY Address 3615 Shenandoah Av

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac and Respiratory Arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Lead Encephalopathy and Herniation

DUE TO (c) Lead Intoxication 885.0 14

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Child chewed on various painted articles in home for past year or more.

20c. TIME OF INJURY Hour a.m. p.m. unknown Month, Day, Year 17

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.) home 17

20f. CITY, TOWN, OR LOCATION St.Louis,Mo. COUNTY STATE

21. I attended the deceased from 6-9-60 to 6-11-60 and last saw her/him alive on 6-11-60

Death occurred at 5:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard Peter Rome M.D.

22b. ADDRESS 500 S KINGSHIGHWAY

22c. DATE SIGNED 6-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/15/60

23c. NAME OF CEMETERY OR CREMATORY Calvary

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR E.J.Schnur ADDRESS 3125 Lafayette Ave.

25. DATE RECD. BY LOCAL REG. JUN 13 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

ok Patrick E Taylor Coroner 6-13-60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas R. Jenevie

Signature of Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3125 Lafa

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