

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020605  
STATE FILE NUMBER

318

1003

5665

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. **FILED JUN 15 1962**  
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, Missouri** Length of stay in lb **24 hours**

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **City Hospital** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **809 N. Grand** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**John Emmet Kenny June 5, 1962**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-7-1893** 9. AGE (last birthday) **68**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer (Retired)** 10b. KIND OF BUSINESS OR INDUSTRY **- - -** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John J. Kenny** 13b. MOTHER'S MAIDEN NAME **Catherine Duffy** 14. NAME OF HUSBAND OR WIFE **Never Married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT Address **Mrs. Mae Spillane 240 Reavis Place**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Arterio Sclerotic Heart Disease;**  
DUE TO (b) **Arterio Sclerosis.**  
DUE TO (c) **BRONCHOGENIC-CARCINOMA**

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4200H**

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.)

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **8:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Joseph M. Quinn, M.D.** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6-6-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-7-62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR ADDRESS **HOFFMEISTER COLONIAL MORTUARY** 25. DATE RECD. BY LOCAL REG. **JUN 6 1962** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

VS 300 Rev. 4/59

1

2 **219**

3

4 **0**

5 **0**

6

7 **0**

8 **1**

9

10

11

12 **75-3**

13

**75**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 John S. Denehy  
Licensed Embalmer No. 4694  
P. O. Address St. Louis, Mo

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.