

No. 2
12-45
-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 32668
8658
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
Firmin Desloge
(d) Length of stay: In hospital or institution 6 Day
In this community years, months or days

3. (a) PRINT FULL NAME Vigie Kennon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bull Kennon 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 12 1915

8. AGE: Years Months Days If less than one day
32 3 28 hr. min.

9. Birthplace Iron County Mo

10. Usual occupation Housewife

11. Industry or business _____
12. Name Jos Sutton
13. Birthplace Iron County Mo
14. Maiden name Clara Belle Newlan
15. Birthplace Nebraska

16. (a) Informant Bull Kennon
(b) Address St. Louis, Mo

17. (a) Burial (b) Date thereof Sept-13-1947

(c) Place: burial or cremation Parkview Ceme
18. (a) Signature of funeral director Spatks
(b) Address Flat River, Mo

19. (a) SEP 15 1947 (b) J. F. Gudeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 731 1/2 Sherman
(e) Citizen of foreign country? _____
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10 year 1947 hour 11:45 minute _____ M.
21. I hereby certify that I attended the deceased from 4.21.47 to 9.10.47
that I last saw her alive on 9.10.47 and that death occurred on the date and hour stated above.

Immediate cause of death Ca Cervix metastatic
Due to Ca Cervix

Due to _____
Other conditions (include pregnancy within 3 months of death) HO

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Wesley W. Hanford, M.D.
Address 201 University Club Bldg

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8558

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Murphy L Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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 this body is not embalmed, fact should be so stated above.