S. No. 300
v. 10.48

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21605

State File No. [illegible]

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1367

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5726 Finkman Avenue 2029

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes Kenney
b. (Middle) Shrewsbury
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 9, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-20-1890
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 11 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Dubois County Ind
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Kenney
13b. MOTHER'S MAIDEN NAME Annie Lyons
14. NAME OF HUSBAND OR WIFE Byron Shrewsbury

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'S SIGNATURE OR NAME Byron Shrewsbury 5726 Finkman ADDRESS

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH 48h

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Recurrent Acute Cholangitis — 6 yrs
DUE TO (c) Common Duct Calculus — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* hepatomegaly, Splenomegaly — mult.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 584X
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954, *to* June 9, 1954, *that I last saw the deceased alive on* 6/9/54, 19__, *and that death occurred at* 1:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 16 Hanna St Village
23c. DATE SIGNED 6/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-14-54
24c. NAME OF CEMETERY OR CREMATORY Resurredtion Cemetery
24d. LOCATION (City, town, or county) St. Louis Missouri (State)

DATE REC'D BY LOCAL REG. 6/12/54
REGISTRAR'S SIGNATURE Herbert B. Jonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas j. Finan and Sons ADDRESS 1519 s. Grand

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1959

MAY 8 1958

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Dinkley.....

Licensed Embalmer No. 365

P. O. Address St Louis 8

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