OCT 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

35846

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9468

Township ..... Primary Registration District No. ..... Registered No. 9468

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Mildred Kendall

(a) Residence, No. 3339 Clara St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William L. Kendall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8. 1902

7. AGE: YEARS 34 | MONTHS 1 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Ill

FATHER

13. NAME Algernon Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Evelyn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carbondale Ill

17. INFORMANT (ADDRESS) William L. Kendall 3339 Clara Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept 17, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

SEP 15 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 14 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 - 7 - 1936, to 9 - 14 - 1936

I last saw her alive on 9 - 14 - 1936. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strep. Tonsillitis	9-6
" Broncho-Pneumonia	
acute Nephritis, cause unknown	

Other contributory causes of importance: 115a

Name of operation NONE Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) BARNES HOSPITAL

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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