

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003626
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) or City..... St. Louis (d) Street No. 1952nd Arsenal St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 6262. PRINT FULL NAME SCOTTHORN - REV. KENDALL

(a) Residence, No. 1952nd Arsenal St St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Scotthorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 9. Industry or business in which work was done, as 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) No Hampton (STATE OR COUNTRY) IL13. NAME Thomas Kendall14. BIRTHPLACE (CITY OR TOWN) No Hampton (STATE OR COUNTRY) Eng IL15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) IL17. INFORMANT Mrs Samuel Reese (ADDRESS) 1952nd Arsenal18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Jan 21, 193919. FUNERAL DIRECTOR (NAME) Truth Center Minist. (ADDRESS) 4024 Lyndell Blvd.20. FILED JAN 20 1939 J. B. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 193922. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Jan 19, 1939I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 5:50 A.M.

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

Chc. Myocarditis
ArteriosclerosisDate of onset
1934
1934Other contributory causes of importance:
98

Name of operation..... Date of.....

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

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? no
If so, specify.....(Signed) J. B. Budek, M. D.(Address) 2002 29th St. St. Louis Mo

2000-8-14
L-2000-710

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 Jack H. Lusk

Licensed Embalmer No. 4004

P. O. Address 4024 Lindell St

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, above space should be left blank.