

1 AUG 25 1940 791
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)
In this community 6 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bobby Kendall 534
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 5 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 15 hr. min.

9. Birthplace Fort Reilly Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Paul G. Kendall Capt. U.S.A.

13. Birthplace Cobden Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Maisie B. Smith

15. Birthplace Fort Worth, Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul G. Kendall

(b) Address Fort Reilly Kansas

17. (a) cremation (b) Date thereof July 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis Mo.

19. (a) JUL 22 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____
(c) City or town Fort Reilly N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1940 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 15 1940
to July 20 1940
that I last saw him alive on July 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Hydrocephalus
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Internal hydrocephalus
Of operations _____
Of autopsy _____

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

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
28. Signature Cecil G. Aber, M.D. (M. D. or other)
Address St. Luke's Hosp. St. Louis Date signed 7/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MOTHER FATHER

FEB 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~ by.....

Robert T. Langster

Registered Apprentice No. *259.*

working under my personal supervision.

Signed.

Neville B. Prohwitter

Licensed Embalmer No. *3696*

P. O. Address. *3621 Olive.*

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.