No. 2
-1-4-41
5-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 24

State File No. 39380

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted Nov. 23, 1941. (Specify whether years, months or days)

In this community Since Nov. 23, 1941.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: Cape Girardeau.
(If outside city or town limits, write "RURAL")

(d) Street No.: 516 No. Middle Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME: Carlyle E. Kendrick

3. (b) If veteran, name war: World War

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: May (Month) 22, (Day) 1897 (Year)

8. AGE: Years 44 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: Ste. Genevieve Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Steel Worker

11. Industry or business: -

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schelig
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 2-41 (Month) (Day) (Year)
(c) Place: burial or cremation: CAPE GIRARDEAU, MO

18. (a) Signature of funeral director: C. Hoffmeister M.T.C.
(b) Address: 7814 S. Broadway

19. (a) DEC 2 1941 (Date received local registrar) (b) C. H. McFarlan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd, year 1941 hour 1:35 minute a.m.

21. I hereby certify that I attended the deceased from November 23, 1941 to December 2nd, 1941 that I last saw him alive on December 2nd, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active (4). — Duration: Unknown.

Due to: -

Due to: -

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -

Of autopsy: No autopsy.

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): no
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 12/2/41

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1942

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 Linus C. Hoffmeister

Licensed Embalmer No. 38-71

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.