

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

476

235

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4328 Oakwood Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James Carl Kendall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 1st. 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Kendall
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Betty Roy
15. Birthplace Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Kendall
(b) Address 4328 Oakwood Ave.

17. (a) Burial (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JAN 9 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th.
year 1942 hour 1.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-1-42
_____, 19____, to 1-8-42, 19____;
that I last saw him alive on 1-8-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pneumonia
lobar Duration 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Pneumonia-Thyphus.

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)
(a) Means of injury _____

23. Signature Matt J. Crowe (M. D. or other) M.D.
Address 5738 W. Flannery Date signed 1-9-42

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

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 *Robert L Binkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

-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, fact should be so stated above.