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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3506**

FILED APR 27 1942

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Mos. 5 Days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4229 Meramec
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William M. Kendall

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-01-6000

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased: Nov. 28, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Bartender

11. Industry or business _____

MOTHER FATHER

12. Name Thomas A. Kendall

13. Birthplace Not known, Utah
(City, town, or county) (State or foreign country)

14. Maiden name Leah Marshall

15. Birthplace Not known, England
(City, town, or county) (State or foreign country)

16. (a) Informant Leah Marshall
 (b) Address 4229 Meramec

17. (a) burial (b) Date thereof 4/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ew St. Marcus

18. (a) Signature of funeral director John L. Ferguson
 (b) Address 2027 Gravois

19. (a) APR 20 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1942 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from January 12, 1942 to April 17, 1942 that I last saw him alive on April 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung

Due to _____

Due to _____

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

Major findings: Ca of lung

Of operations _____

Of autopsy Refused

Duration 8 mo. +

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 _____

23. Signature J. P. Robinson (M. D. or other) _____
 Address 1515 Lafayette Ave. Date signed 4/18/42

874 (Licensed Embalmer's Statement on Reverse Side)

B

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.....

C. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7037 Hawaii

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.