

FILED AUG 25 1942

791

Registration District No. _____

1003

Registrar's No. 8916

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 H-879 Rehabilitation
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4819 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.
year 1942 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct 5
1941 to Aug 17 1942
that I last saw him alive on Aug 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 2 yrs

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of 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) _____
(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 Quinn L. Arnold (M. D. or other) MD
Address 1449 MF 2aran Date signed 8/17/42

3. (a) PRINT FULL NAME FRANK A. KENDRICK

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

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

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

7. Birth date of deceased 11 10 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 7 hr. _____ min.

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

10. Usual occupation Pressman

11. Industry or business _____

12. Name Thomas M. Kendrick

13. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Heaney

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

16. (a) Informant Mrs. Veronica Kendrick-wife

(b) Address 4819 Natural Bridge

17. (a) Burial (b) Date thereof 8-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS

(b) Address 2849 No. Euclid Ave.

19. (a) AHC 17 1062 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

F

Dr. E. L. Arnold

1449 Mc Laren Ave.

Mu. 6262

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

St. Louis Mo

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.