V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35561

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9540

**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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 7 23
(If outside city or town limits write "RURAL")
(d) Street No. 1622a Dolman St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Baby Dorris Ann Kenkel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 14, 1942 (Month) (Day) (Year)

8. AGE: Years – Months – Days – If less than one day hr. 5min. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Jule Kenkel

13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name Wilma Shipley

15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dorothy Shipley
(b) Address 1622a Dolman St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) NOV 16 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 14 year 1942 hour 7 30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth 7 months. — Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul H. Chapman (M. D. or other)
Address 3518 Dodier St Date signed 11/14/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.

Not Embalmed

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**