

081  
S. No. 2  
M-9-4-41  
5-17-39

12409

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
318

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 3531

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

Registration District No. 0 APR 23 1943

Primary Registration District No. 1003

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days  
(Specify whether)

In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2522 N. 21st  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin Kuykendall

3. (b) If veteran, name war None 3. (c) Social Security No. 326-10-9387

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

6. (b) Name of husband or wife Lora 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 25 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 18 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Albany Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business St. Louis Ordnance

MOTHER FATHER { 12. Name John Kuykendall

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

14. Maiden name Wakeman

15. Birthplace Wakeman, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora Kuykendall

(b) Address 2522 N. 21st

17. (a) Burial (b) Date thereof Apr. 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frederick Cemetery

18. (a) Signature of funeral director Frederick Sam. Home  
(b) Address 1936 St. Louis Ave.

19. (a) APR 15 1943 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13, year 1943 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from April 5, 1943 to April 13, 1943 that I last saw him alive on April 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Accident

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Refused

Duration  
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) (d) Means of injury 0

23. Signature M. D. Johnson (M. D. or other) Address 1515 Lafayette Avenue Date signed 4/14/43

844

**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.....

*Deliv J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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.**