

FILED JUN 10 1948

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 18 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2738 Stoddard
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Kendrick
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. C. Kendricks 6. (c) Age of husband or wife if alive December 3, 1898 years
7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27, year 1944 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 24, 1944, to May 27, 1944, that I last saw him alive on May 27, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 5 Days 24 If less than one day hr. min. 1 Miss.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Porter

Immediate cause of death Subarachnoid Hemorrhage
Duration Indef.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Wash Kendricks
13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Shade
15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.
17. (a) Burial (b) Date thereof 6-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JUN 5 (b) J. J. Busack
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. J. Cewin (M. D. or other) _____
Address 2601 Whittier Date signed 5/31/44

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

JUN 2 1944

Embalmer sep cert to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.