

FILED FEB 7 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 772

1. PLACE OF DEATH: 2645 Pine Blvd.  
 (a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2645 Pine  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 217  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2645 Pine Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harvey Kindell  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 1 day 23  
 year 1945 hour 2 minute 25 P. M.

4. Sex m 5. Color or race col 6. (a) Single, widowed, married, divorced 0  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

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.

7. Birth date of deceased 9 8 1944  
 (Month) (Day) (Year)

Immediate cause of death Pneumonia Primary

8. AGE: Years \_\_\_\_\_ Months 4 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Willie Kindell

13. Birthplace Pastori Ark.  
 (City, town, or country) (State or foreign country)

14. Maiden name Jessie Roberson

15. Birthplace Pastori Ark.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Kindell

(b) Address 2645 Pine Blvd.

17. (a) Buried (b) Date thereof 1-25-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director D. S. Howe  
 (b) Address 2930 Diskson St

19. (a) JAN 25 1945 (b) J. F. Bredok  
 (Date received local registrar) (Registrar's signature)

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 John E. Taylor (M. D. or other) \_\_\_\_\_  
 Address Reg. Sec. Date signed 1/20/45

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

164

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**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.....

*Not Embalmed*  
working under my personal supervision.

Registered Apprentice No.....

Signed *Baby Gus Lowe*.....

Licensed Embalmer No.....

P. O. Address.....

**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.**