

**FILED** NOV 2 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(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:  
1125a St. Louis Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 years  
(Specify whether years, months or days)

In this community 32 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Soc

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

(d) Street No. 1125a St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country? 9  
(Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME: Mrs. Beulah Kendall

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd.  
year 1945 hour 6:30 PM. minute M.

21. I hereby certify that I attended the deceased from Oct 18<sup>th</sup>  
1945 to Oct 23 - 45  
that I last saw him alive on Oct 22 1945  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife late Victor H. Kendall 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: June 8th., 1889  
(Month) (Day) (Year)

Immediate cause of death Heart Collapse Duration

8. AGE: Years 56 Months 4 Days 15  
If less than one day hr. min.

Due to Myocarditis, Angina

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

9. Birthplace: Bardwell Ky.  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation: Housework

Major findings: No operation

Of operations: \_\_\_\_\_

Of autopsy: none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER } 12. Name: Shelbourne

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

14. Maiden name: Alice Adams

15. Birthplace: Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Robertson

(b) Address: 1125a St. Louis Ave.

17. (a) Burial (b) Date thereof: 10-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bardwell Ky.

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? \_\_\_\_\_

18. (a) Signature of funeral director: Hy. Leidner U. Co.

(b) Address: 2223 St. Louis Ave.

While at work? \_\_\_\_\_  
(Specify type of place)

Means of injury: 0

23. Signature: Wheeler (M. D. or other) \_\_\_\_\_  
Address: 126 St. Louis Ave. St. Louis Date signed: 27-OCT-45

19. (a) OCT 26 1945  
(Date received local registrar)

J. Bredek  
(Registrar's signature)

**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

*John P. Beckholm*

Licensed Embalmer No. *1674*

P. O. Address. *7723 St. Louis Ave*

**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.**