S. No. 2
M—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39374

FILED DEC 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10647

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:
2101a Bissell Avenue
(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 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2101a Bissell Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN J. KINDALL

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary A. Kindall

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

7. Birth date of deceased August 25, 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business

FATHER
12. Name James P. Kindall
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Black
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mae K. Kindall
(b) Address 2101a Bissell Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14, 45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) DEC 13 1945 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1945 hour 12 minute 45P M.

21. I hereby certify that I attended the deceased from March 18, 1943 to Dec. 11, 1945 that I last saw him alive on Dec. 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — 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 Henry C. Westermann (M. D. or other)
Address 2136 E Grand Blvd Date signed 12/12/45

(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.

Signed William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.