S. No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1948

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19014

Registrar's No. 5134

**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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 50 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6345 Westminster
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROLLA MARTIN KENDRICK

3. (b) If veteran, name war No

3. (c) Social Security No. 498-07-6045

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Irwin

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 17 1867 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 10 | 4 | br. min. |

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

10. Usual occupation Mail Order Clerk Asst. Dept Mgr.

11. Industry or business Buxton-Skinner Prtg. & Sta'ry Co.

12. Name Americus Vespucius Kendrick

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

14. Maiden name Martha Ann Rogers

15. Birthplace Indiana? (City, town, or county) (State or foreign country)

16. Informant Mary Stephanie McDermott

17. Address 6345 Westminster

18. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 23, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) MAY 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21st year 1947 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from May 9, 1947, to May 21, 1947, that I last saw him alive on May 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration 12 days

Due to Strangulated inguinal hernia — 12 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Strangulated inguinal hernia

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 John L. Horner (M. D. or other) M.D.

Address 114 N. Taylor St. Louis Date signed 5-22-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Horner
1 to 4 THU.
114 N. TAYLOR

## 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 Thomas R. Lenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 5134

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Rolla Martin Kendrick died 5-21-1947, 19..... in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6c should read Age 74
Instead of Age 73

Item No. 7 should read July 17-1867
Instead of July 17-1871

Item No. 8 should read Age 79
Instead of Age 75

Item No. 10 should read Asst. Dept. Manager
Instead of Mailorder Clerk

Item No. 12 should read Americus Vespucius Kendrick
Instead of Americus Vescucius Kendrick

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Stephanie McDermott Daughter
Relationship.

6345 Westminster Pl.
Present Address.

Subscribed and sworn to before me this 14th day of June, 1947.

My Commission Expires October 31, 1947

My Commission expires ..... M. H. Alexander Notary Public.

RECEIVED JUN 16 1947 BUREAU OF VITAL STATISTICS

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
X36667

S-19014