

FILED OCT 23 1948

318

Primary Registration District No.

1003

Registrar's No.

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: HOMER G. PHILLIPS HOSPITAL
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 No. 1719 1/2 Cale St
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Rosie Kendall
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex. Female 5. Color or race col
 6. (a) Single, widowed, married, divorced child
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 24th 1933
 (Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 25
 If less than one day hr. min.

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

10. Usual occupation School Girl

11. Industry or business.....

12. Name William Kendall

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

14. Maiden name Marion Coleman

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

16. (a) Informant William Kendall

(b) Address 1719 1/2 Cale St

17. (a) burial (b) Date thereof 9-22-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randall

Address 3133 Bell Ave

19. (a) 22 1948 (b) J. F. Bredeck
 (Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 19
 year 1948 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from.....
, 19....., to....., 19.....;
 that I last saw him..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....
Asphyxiation by Drowning
when found in the swimming pool
near at the foot of Davis
Street in City 19-1948 at
about 6:45 PM Cause manner
of same could not be determined

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) gun accident

(b) Date of occurrence Sept 19 1948 000

(c) Where did injury occur? at home
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work?..... (Specify type of place)
 (e) Means of injury gun

23. Signature Chas. J. Perry (M. D. or other) 3
 Address 1719 1/2 Cale St Date signed 9/23/48

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

MOTHER FATHER

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 _____

Not Embalmed direct to Cemetery
Joe A. Randle

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.