

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED AUG 15 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2122

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bonhomme Twshp</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bonhomme Twshp</u>		d. STREET ADDRESS (If rural, give location) <u>Kehrsmill Rd. Chesterfield, Mo. R #2.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kehrsmill Road Chesterfield, Mo. R #2.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>K.</u> c. (Last) <u>Kendrick</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>May 21, 1881</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. P. Keppler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ben H. Kendrick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Borgmeyer, Chesterfield, Mo.</u>		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ante-natalic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4200</u>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis, none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>25 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 17</u> , 19 <u>52</u> , to <u>Present</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Aug 8</u> , 19 <u>52</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert C. Kunglans</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>31 N. Brentwood Clayton 5, Mo</u>		23c. DATE SIGNED <u>8-9-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 11, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM - CREVE COVER</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Cover MO</u>
DATE REC'D BY LOCAL REG. <u>8-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>	

521 (Consented Embalmer's Statement on Reverse Side)

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

APR 2 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Theo Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.