No. 300
10.46

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

FILED AUG 6 - 1953

# STATE OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27166

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 1973

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (in this place): 2 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hanley Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights 505
d. STREET ADDRESS (If rural, give location): 7118 Nashville Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Minnie
b. (Middle): Henrietta
c. (Last): Kendall

**4. DATE OF DEATH** (Month): 7 (Day): 17 (Year): 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 10/5/1874
**9. AGE** (In years last birthday): 78 — If under 1 year: Months 9, Days 12 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (State or foreign country): St. Louis
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Ernst A. Michel
**13b. MOTHER'S MAIDEN NAME**: Anna Sophia Weber
**14. NAME OF HUSBAND OR WIFE**: Cassius C. Kendall

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Miss Emma D. Michel
**ADDRESS**: 7118 Nashville

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease 6 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7-11, 1953, *to* 7/17/53, 19___, *that I last saw the deceased alive on* 7/15/53, 19___, *and that death occurred at* 2.50A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Fred Kramer
(Degree or title): M.D.
**23b. ADDRESS**: 4161 Lindell Blvd.
**23c. DATE SIGNED**: 7/17/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/20/53
**24c. NAME OF CEMETERY OR CREMATORY**: Bellefontaine Cemtery
**24d. LOCATION** (City, town, or county) (State): St. Louis County Missouri

**DATE REC'D BY LOCAL REG.**: 7-18-53
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Ambruster Mortuary
**ADDRESS**: 6633 Claytob Road

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillard

Licensed Embalmer No. 14080

Signed.....
Student Embalmer

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.**