

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38919

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9873**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis** c. LENGTH OF STAY (In this place) **5 days**  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Lutheran Hospital**  
STREET ADDRESS (If rural, give location) **4229 Meramec** **2159**

3. NAME OF DECEASED (Type or Print) a. (First) **Melenda** b. (Middle) \_\_\_\_\_ c. (Last) **Kendall**  
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 30, 1954**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **Sept. 9, 1887**  
9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Grocery Bus.** 11. BIRTHPLACE (City and State or Foreign Country) **St Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas Kendall** 13b. MOTHER'S MAIDEN NAME **Leah Marshall** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY **497-09-5008A** 17. INFORMANT'S SIGNATURE OR NAME **Leah J Kendall** ADDRESS **4229 Meramec**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Massive hemorrhage**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **Bleeding Duodenal Ulcer**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **X-Ray findings GI series revealed Duodenal ulcer.**  
INTERVAL BETWEEN ONSET AND DEATH **2 days**  
**Several Months**

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **5410**

22. I hereby certify that I attended the deceased from **Oct 26**, 1954, to **Oct 30**, 1954, that I last saw the deceased alive on **Oct 29**, 1954, and that death occurred at **6:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert H. Mason, M.D.** 23b. ADDRESS **3006 Gravois** 23c. DATE SIGNED **10/30/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/2/54** 24c. NAME OF CEMETERY OR CREMATORY **N St Marcus Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis Mo.**

DATE REC'D BY LOCAL REG. **NOV 1 1954** REGISTRAR'S SIGNATURE **Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **I L Ziegenhein & Sons** ADDRESS **7027 Gravois**

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

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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.

Student.....  
Signature of Student Embalmer

Signed *E. P. Sedwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.