

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 6859

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>337</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis mo</u> <u>40010</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>211.</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>25 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>E. St. Louis - 211.</u>		<u>51208</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Hosp - Orthopaedic</u>				d. STREET ADDRESS (If rural, give location) <u>1733 N 42nd St.</u>					
3. NAME OF DECEASED a. (First) <u>Frank</u>			b. (Middle) <u>Arthur</u>		c. (Last) <u>Kenkel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 5 1897</u>		9. AGE (In years last birthday) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Kenkel</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Steinlage</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Kenkel</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>348-05-1804</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Weiss</u>				ADDRESS <u>1733 N 42nd St. E. St. L.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Tracheo-Esophageal Fistula</u>					
				DUE TO (c) <u>Mediastinal Carcinoma</u>					
		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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <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>12-21-54</u> , 19 <u>54</u> , to <u>2-8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>55</u> , and that death occurred at <u>1:00</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Summers J.D.</u>				(Degree or title)		23b. ADDRESS <u>7250-A Natural Bridge, St. Louis mo.</u>		23c. DATE SIGNED <u>2/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Feb 10 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>Bellville, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>2-8-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Nell Walsh Barnes St. Louis</u>				

G.W.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Phillip Ogden

Signed.....
Student Embalmer

Licensed Embalmer No. *7091*

P. O. Address. *E. St. Louis, Ill.*

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.