

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27987
Registrar's No. 6724

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital e. STREET ADDRESS (If rural, give location) 4627 Evans 2119

3. NAME OF DECEASED a. (First) Kendell b. (Middle) Moore c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Sept. 24, 1927 9. AGE (In years, if under 1 year last birthday) Months Days Hours Mins. 17 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or foreign Country) Little Rock, Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Marjorie Green 14. NAME OF HUSBAND OR WIFE None

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 NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Leonard 4627 Evans

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Edema of Brain; Pulmonary Edema, suffered following accident when car operated by deceased overturned on Edge Port Road in National City, Ill., about 200 aw., July 30, 1955. Cause and manner of death could not be determined. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE, OR OTHER (Specify) Spinal Verdict 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 8224

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Car 32

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Deed or title) Patrick Taylor Carahan 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8.3.55

24a. BURIAL, CREMATION, REMOVAL (Specify) Ship 24b. DATE Aug 4, 1955 24c. NAME OF CEMETERY OR CREMATORY None 24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE RECD BY LOCAL REG. AUG 3 1955 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. E. B. Louce, 1221 N. Grand

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin Blackman*.....

Licensed Embalmer No. *39*.....

P. O. Address *1221 N 9*.....

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.