

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6740

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1086

BIRTH NO. _____ REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Berkeley 4041	
c. LENGTH OF STAY (In this place) 2 wks		d. STREET ADDRESS (If rural, give location) 8240 Canyon Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) EARL	b. (Middle) E.	c. (Last) KENDALL	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1896	9. AGE (In years last birthday) 59	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.	10b. KIND OF BUSINESS OR INDUSTRY Maintenance	11. BIRTHPLACE (City and State or Foreign Country) / Valisca, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Kendall	13b. MOTHER'S MAIDEN NAME Rebecca Dunn	14. NAME OF HUSBAND OR WIFE Doris Kendall
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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.	17. INFORMANT'S SIGNATURE OR NAME Francis Kendall	ADDRESS 8240 Canyon Drive
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Purulent Bronchitis, Chronic</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks.</i>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Emphysema, Obstructive</i>			<i>7 years</i>
	DUE TO (c) <i>Bronchial Asthma</i>			<i>10 years</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis, generalized</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>241X 502.0</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *About*, 1948, to *JAN 31*, 1956, that I last saw the deceased alive on *JAN. 30*, 1956, and that death occurred at *7A.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert C. Sweet</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>508 N. GRAND St. Louis Mo.</i>	23c. DATE SIGNED <i>1-31-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-3-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>
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DATE REC'D BY LOCAL REG. <i>JAN 31 1956</i>	REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>WHITE CHAPEL, FERGUSON, MISSOURI</i>
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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
Student Embalmer

Signed

Elean Provenice

Licensed Embalmer No. 3403

P. O. Address

Jennings M

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.