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REG. NO. 14618

SI-2373 FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11518**
Registrar's No. **3214**

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 (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 32 DAYS	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 6432 COLLETTA DRIVE	

3. NAME OF DECEASED (Type or Print)	a. (First) STEVE	b. (Middle) J.	c. (Last) TENDICK	4. DATE OF DEATH (Month) (Day) (Year) 3-28-56
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-31-93	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY HOISTING Eng. Co.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME STEPHEN J. TENDICK	13b. MOTHER'S MAIDEN NAME ANNA B. SERSENSON	14. NAME OF HUSBAND OR WIFE MARY J. TENDICK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) YES	(If yes, give war or dates of service) WW-2	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS	ADDRESS 915 N. GRAND, ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYELOGENOUS LEUKEMIA		INTERVAL BETWEEN ONSET AND DEATH Appx. 18 Mos.
*This does not mean the mode of dying, such as heart failure, ashenia, 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. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis		Undetermined

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **2-25**, 19 **56**, to **3-28**, 19 **56**, and that death occurred at **10:30 pm.**, from the causes and on the date stated above.

23. SIGNATURE Hy. F. Westphalinger	23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.	23c. DATE SIGNED 3-29-56
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BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-31-56	24c. NAME OF CEMETERY OR CREMATORY MT-Hope CEM	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO MO
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DATE REC'D BY LOCAL REG. MAR 30 1956	REGISTRAR'S SIGNATURE JAY B SMITH MO	25. FUNERAL DIRECTOR'S SIGNATURE JAY B SMITH	ADDRESS 7456 Manchester
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(Licensed Embalmer's Statement on Reverse Side)

MAPLEWOOD 17 MO

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..... *H. P. Burgess*

Licensed Embalmer No. *40*
P. O. Address *Maple*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.