ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021828
STATE FILE NUMBER

AMENDED

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 18

FILED JUL 11 1961

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurricane Twp/ — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Crestwood, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1041 Sanders Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Raymond William Tendick
4. DATE OF DEATH Month Day Year: June 11, 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-18-1910
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY: Glynn Prtg. Co.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Tendick
13b. MOTHER'S MAIDEN NAME: Minnie Maaning
14. NAME OF HUSBAND OR WIFE: Loretta Quevreau TENDICK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO.
17. INFORMANT: Loretta Tendick Address: Crestwood 26 Mo. 1041 Sanders Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Drowning in Mississippi River Accident.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Coroner's Jury Verdict)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned when over depth off of sand bar.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: while swimming
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mississippi River
20f. CITY, TOWN, OR LOCATION: Hurricane Twp. COUNTY: Lincoln STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at approx. 5 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph J. Marsh M.D. (Degree or title): CORONER
22b. ADDRESS: Troy, Missouri.
22c. DATE SIGNED: 6/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-14-1961
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo

24. FUNERAL DIRECTOR: Mittelberg ADDRESS: Webster Groves, Mo.
25. DATE REC'D. BY LOCAL REG.: 6/18/1961
26. REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 _____ Signed _____
(Signature of Student Embalmer)

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo

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.