

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026994

AMENDED

Registration District No. 2-5

318

Primary Registration District No.

1003

Registrar's No.

6408

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**  
 Length of stay in 1b **3 Yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **5518 Palm Street**  
 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **5518 Palm Street** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **William** Middle **Litton** Last **Kendall**  
 4. DATE OF DEATH Month **7** Day **9** Year **1961**  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **1/13/03** 9. AGE (last birthday) **58**  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe Pattern Maker (ret.)**  
 10b. KIND OF BUSINESS OR INDUSTRY **Wuebbens & Sonl Pattern Co.**  
 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**  
 13a. FATHER'S NAME **Fred Kendall** 13b. MOTHER'S MAIDEN NAME **Kate Litton** 14. NAME OF HUSBAND OR WIFE **Dorothy S. Kendall**  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. Dorothy S. Kendall, 5518 Palm** Address **5518 Palm**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Chronic Coronary Sclerosis.**  
 DUE TO (b) **Chronic interstitial nephritis,**  
 DUE TO (c) **bilateral.**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **5792X**  
 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.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
 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.)  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

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

22a. SIGNATURE **Leopold Drehmann** (Degree or title) **530 A**  
 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **7-11-61**  
 23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **7/13/61** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**  
 24. FUNERAL DIRECTOR **Drehmann-Harral, 1905 Union Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **JUL 11 1961** 26. REGISTRAR'S SIGNATURE **Leopold Smith, M.D.**

DATE AMENDED **6-29-61**  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 \_\_\_\_\_

Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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.