

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045663

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11592**

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
2 <i>22</i>				
3				
4 <i>3</i>				
5 <i>1</i>				
6				
7 <i>1</i>				
8 <i>1</i>				
9				
10				
11				
12 <i>75-3</i>				
13				
<i>75</i>	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in 1b <i>8 yrs</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>No I Hospital</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2141 10th Ave Apt 906</i>	
3. NAME OF DECEASED (Type or print) <i>Hellen Kendrick</i>				4. DATE OF DEATH Month <i>11</i> Day <i>20</i> Year <i>63</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 5, 1926</i>	9. AGE (last birthday) <i>37</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chicago Illinois</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Green Isin</i>		13b. MOTHER'S MAIDEN NAME <i>Willie Lee Boyd</i>		14. NAME OF HUSBAND OR WIFE <i>Washington Kendrick</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Washington Kendrick 2141 10th Ave Apt 906</i>			
18. CAUSE OF DEATH (Enter only one cause per line for each line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ACUTE-TOXEMIA-OF-PREGNANCY - WITH PULMONARY-OEDEMA</i> DUE TO (b) <i>MYOCARDIAL-HEMORRHAGES-AND LIVER-ATROPHY</i> DUE TO (c) <i>MYOCARDIAL-HEMORRHAGES-AND LIVER-ATROPHY</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>6425</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>1125 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Paul J. Simon Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11/22/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) <i>Jefferson Barrack Mo.</i>	
24. FUNERAL DIRECTOR <i>C. H. Burko 3901 Ashland</i>				25. DATE REC'D. BY LOCAL REG. <i>NOV 23 1963</i>		26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>	

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 *[Signature]*

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kings Highway

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.