APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

9073
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 2838

(c) or City St. Louis, Mo. (d) Street No. ..... City Infirmary St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 5314 Frank Kendall

(a) Residence, No. 5800 Arsenal St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brick Layer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow, Ky. 1

FATHER
13. NAME William Kendall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown " 9

MOTHER
15. MAIDEN NAME Mary Stansifer 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown "

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cemetery DATE MAR 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig Mortuary, 4468 Washington Blvd.

20. FILED MAR 26 1939 J.D. Bucheck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939, to March 24, 1939
I last saw him alive on March 24, 1939 Death is said to have occurred on the date stated above, at 6:35 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Latent Syphilis

Name of operation ..... Date of .....
What test confirmed diagnosis? H & P & Wassermann Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) William Sapsin, M. D.
(Address) 5600 Arsenal Street

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

me, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.