S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40770

FILED DEC 22 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11015

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4431 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 009 17
(c) City or town St. Louis 9/5
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia Wolf
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 19 (Day) 1858 (Year)
8. AGE: Years 85 Months 0 Days 22 If less than one day hr. min.
9. Birthplace Mansfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Lemuel Kendall
FATHER 13. Birthplace Wheeling (City, town, or county) West Va. (State or foreign country)
MOTHER 14. Maiden name Ella Cox
MOTHER 15. Birthplace St. Louis (City, town, or county) ?Mo. (State or foreign country)
16. (a) Informant Mabel Jones
(b) Address 4431 S. Broadway
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 12-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. CREMATORY
18. (a) Signature of funeral director C. Hoffmeister U.&.L.Co.
(b) Address 7814 S. Broadway
19. (a) DEC 18 1943 (Date received-local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1943 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 6, 1943, to Dec, 19__, that I last saw alive on Dec 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 years
Chronic Nephritis	4 years
~~Due to~~ Bronchial Asthma	5 years
Due to	

Other conditions no (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —
Signature Chas. E. Hyndman (M. D. or other) M.D.
Address 3720 Washington Date signed 12/13/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hyndmann St. Lukes

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

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 this body is not embalmed, fact should be so stated above.