

S. No. 2
DM-5439
v. 5-17-39
X 36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946

State File No. 18057
Registrar's No. 995

Registration District No. 317 Primary Registration District No. 6076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Gravois Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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) 10 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7714 Rannells Avenue 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or, No) 1
If yes, name country _____

3. (a) PRINT FULL NAME ARCHIE C. KIRKENDALL

3. (b) If veteran, name war World War #2 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Fay 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March 25, 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|---|----------------------|
| 29 | 1 | 9 | _____ hr. _____ min. |
|----|---|---|----------------------|

9. Birthplace Farmington, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business U.S. Engineers

12. Name Archie Kirkendall, Sr.

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ollie Warren

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fay Kirkendall
(b) Address 7714 Rannells Av. Maplewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) 5-7-46 (Date received local registrar) (b) E. L. McDevrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of right side of face Duration _____

Due to Pedestrian struck by automobile

Due to 170-e-8

Other conditions (include pregnancy within 3 months of death) g1

Major findings: Of operations _____

OK

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) Accident 96

(b) Date of occurrence May 5th, 1946

(c) Where did injury occur? Afton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road

While at work? No (Specify type of place) (e) Means of injury Blunt impact

23. Signature Arnold J. Wellmann (Seal of Registrar) Coroner
Address Clayton Mo. Date signed 5/7/46

SEP 6 1946

MAY 17 1946

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L R Cooper

Licensed Embalmer No. *3633*

P. O. Address. *2301 Lafayette Ave*

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.