

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.

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

Do not use this space.

7072

MAR 15 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3619, Lieberman)..... St. Ward)

File No.
Registered No. 1482..... St. Ward)

2. FULL NAME James Kendrick

(a) Residence, No. 3619 Lieberman St., 15 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Kendrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1862</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>8</u>
	DAY <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron Turner</u>	
	9. Industry or business in which work was done, as silk mill, 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)..... St. Louis, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Dennis Kendrick

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... Indiana
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Caspell

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... Ireland
(STATE OR COUNTRY)

17. INFORMANT Mrs. Nellie Kendrick
(ADDRESS) 3619 Lieberman Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cabarrus DATE Feb. 14, 1935

19. UNDERTAKER Caspar J. Domicini
(ADDRESS) 4016 Chestnut St.

20. FILED 2-12 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1935

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1935 to Feb 11, 1935

I last saw him alive on Feb 11, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis
None

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Element 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?.....

If so, specify.....

(Signed) Joseph L. Lewis..... M. D.

(Address) 4209 W. 9th Ave
2/11/35

