WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 13 1936

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

Do not use this space.

41560

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. at City Hospital No. 1 St. ..... Ward)

File No. .....

Registered No. 10804

2. FULL NAME Wallace V. Kirkendall

(a) Residence, No. 779 Aubert Ave. St., 12 Ward.
(Usual place of abode)

(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 M.

4. COLOR OR RACE W.

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lillie Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Worker

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) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Henry Kirkendall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Vanaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Lillie Kirkendall 779 Aubert

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE Dec. 23, 1935

19. UNDERTAKER (ADDRESS) Drehmann Harold

20. FILED DEC 21 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:55 m. A.

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

	Date of onset
Traumatic Laceration of Lung, Fractured Ribs, Hemorrhage of Chest, Contusion of Heart, received when crushed by crane operated by one Maurice Mar-	2650
Other contributory causes of importance: shall, at River DesPeres and Wabash Ave., Bridge, abt. 12;50 P.M., Dec. 19, 1935	72

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 12/19, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Crushed by crane

Nature of injury Lacerations, Fractures, Hem.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank P Furlong, ~~Mr.~~ D.

(Address) Coroner