

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

34111
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. Registered No. **9097**
 (c) City **ST. LOUIS** (d) Street No. **Home Ave. 2709** St. **21**
 (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 **17** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **CLAUD KENDRICK 536**

(a) Residence, No. **2709 WASHINGTON** St. **21**
 (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 **MALE** 4. COLOR OR RACE **COLORED** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **SARAH KENDRICK**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-15-1895**

7. AGE YEARS **43** MONTHS **5** DAYS **29** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **MOVING, VAN, CO.**
 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) **ARKANSAS**

FATHER 13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT (ADDRESS) **Lena Johns 2709 Washington Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **National Cem.** DATE **10-20-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Home Undertaking Co. 3103 Washington Ave.**

20. FILED **OCT 19 1938** **Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14 1938**

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 **12:35 A.**

The principal cause of death and related causes of importance were as follows:
Internal Hemorrhage from stab wound of heart and left lung and left circumflex iliac artery, with a knife in the hands of one, Sarah Kendrick, col., in self defense at 2709 Washington Boulevard. A. out 10:10 P.M. October 13, 1938. Justifiable homicide.

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? **JUST HOMICIDE** Date of injury **10/13, 1938**

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.
home

Manner of injury..... **see above**
 Nature of injury..... **|| ||**

24. Was disease or injury in any way related to occupation of deceased? **no.**
 If so, specify.....

(Signed) **Joseph M. Zuercher, M.D.**
 (Address) **Deputy Coroner**

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,

William C. McDowell et. by *Frank Givens*

Registered Apprentice No. *156*, working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *3114*

P. O. Address *3506 Franklin*

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, above space should be left blank.