No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36861

Registrar's No. 9091

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

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: City Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4116A Fillmore
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Lenord Hendrix

3. (b) If veteran, name war no

3. (c) Social Security No. 499-12-5450

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Febr. (Month) 28 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
17	8	7	hr. min.

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

10. Usual occupation Window washer

11. Industry or business cleaning

MOTHER FATHER

12. Name Melvin Hendrix

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

14. Maiden name Marie Polette

15. Birthplace St. Louis (City, town, or county) Mo D (State or foreign country)

16. (a) Informant Mrs Pat Polette

(b) Address Pacific Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 18 (Day) 41 (Year)

(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Jno. L. Thiebes

(b) Address Pacific Mo

19. (a) NOV 17 1941 (Date received local registrar) (b) J. F. Bresech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 10
year 1941 hour 12 minute 55 A.M.

21. I hereby certify that I attended the dece[illegible] 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 Multiple Fracture of Skull. Subdural Hemorrhage of Brain when he fell

Duration

Due to from 4th floor window of Frisco Bldg. about

Due to 7:55 Am. Nov 15 1941 cleaning window

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860

Of autopsy 11

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

(b) Date of occurrence Nov 15 1941

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry
(Specify type of place)

While at work? Yes (e) Means of injury fall

23. Signature James J. Fitzgerald (M. D. or other)

Address 1300 Clark Date signed 11/17/41

(Licensed Embalmer's Statement on Reverse Side)

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: Jno. L. Shelbes

Licensed Embalmer No. 3008

P. O. Address: Pacific, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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