

FILED SEP 4 1945

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

28530
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3171
 (b) Township Clayton Primary Registration District No. 3083
 (c) City Monterey (d) Street No. 17 Registered No. 2293
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Louis Co. Hosp. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Pendleton Jr.

(a) Residence, No. 2808 @ Chouteau Ave St. Louis St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 1932 Jan. 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Fed Mississippi

13. NAME Ellis, Mamon

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

15. MAIDEN NAME Harris Thornon

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

17. INFORMANT (ADDRESS) Harris Thornon
2808 Chouteau Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug. 27 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. S. J. Watson
276 1/2 Chouteau

20. FILED 8/27/45 19 E. H. McFarland Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 4pm 1945

22. I HEREBY CERTIFY, That I attended deceased from UNATTENDED, 19 1945.
 I last saw him alive on Aug 20, 19 1945. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Drowning Date of onset 183
36

Other contributory causes of importance: Accident

Name of operation PM Date of 8-21-45
 What test confirmed diagnosis? PM Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-21, 1945
 Where did injury occur? St. Louis Co Mo (Specify city or town, county, and State) 17

Specify whether injury occurred in industry, in home, or in public place. Meramec River Public stream
 Manner of injury Drowning
 Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Arnold J. Wellmann, Coroner
 (Signed) Arnold J. Wellmann (Address) Clayton Mo. 8-22-45

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.

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 Clare Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.