S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39912

State File No. 11123

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri (If outside city or town limits, write "RURAL" and [illegible])

(c) Name of hospital or institution: Enroute to Hospital. 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 27 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 7

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4659 a Evans Ave (If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME Henry McClendon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2 Color or race negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 29 (Day) 1886 (Year)

8. AGE: Years 6 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Miss. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry McClendon
13. Birthplace Miss 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Author
15. Birthplace Miss 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Stanton

(b) Address 1817 a Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) DEC 4 1947 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1947 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 3, 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 Chronic Hypertrophic Myo. Endocarditis

Due to Polycystic Kidney

Due to

Other conditions 92 (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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

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

While at work? (e) Means of injury 0

23. Signature Patrick E. Taylor (M. D. or other)

Address Dyer Date signed 12/3/47

Jefferson City Printing Co.

(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: Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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, fact should be so stated above.