

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Hospital No. 2**) St. Ward)

File No. **48876**
Registered No. **8431**

2. FULL NAME

Infant Hendricks
(a) Residence, No. **B 986 Papen St.** 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Undt.** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-24-1936**

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

22. I HEREBY CERTIFY, That I attended deceased from **4-24-1936**, to **4-24-1936**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-24-1936**

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **1:35 A. M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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

Date of onset

Stetbain
Prematurity
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

13. NAME **Chauncy Hendricks**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City, Missouri**

15. MAIDEN NAME **Gertrude Sims**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bestman, Alabama**

17. INFORMANT (ADDRESS) **Ether M. Shepard 2945 Lawton Ave.**

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE **CITY CEMETERY 4/13/36**

19. UNDERTAKER (ADDRESS) **Dr. Hamilton City Health Dept**

20. FILED **J. F. Wredeck Registrar.**

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

Manner of injury.....

Nature of injury.....

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

If so, specify (Signed) **J. Owen Blache**, M. D.

(Address) **2945 Lawton**

1936 19 1036

WRITE CLEARLY, 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.

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