

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29570
Registrar's No. 1593

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. L. County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME William Clifford Hendrick 536
8. (b) If veteran, name war No 8. (c) Social Security No. 498-01-5747

4. Sex M 5. Color or race W 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 Jan. 26, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>6</u>	<u>24</u>	hr. _____ min.

9. Birthplace Middleburg, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
12. Name Robert Hendrick
13. Birthplace Bowling Green, Kentucky
14. Maiden name Pearl Martin
15. Birthplace Claybourne, Tenn.

16. (a) Informant Pearl Hendrick
(b) Address Cairo, Illinois

17. (a) Burial (b) Date thereof 8-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) AUG 21 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. Swon & Hazel
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 20
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Railroad accident.

Due to Traumatic amputation of Ridge & Fracture of Skull.

Due to Either struck or fell from a train.

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy 207 MU 30

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 18, 1940
(c) Where did injury occur? Webster Groves Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
RR Rightaway
While at work? no (Specify place of place) (Specify means of injury)

23. Signature John Bonnell (M. D. or other) _____
Address Crown Point Mo Date signed 8/21/40

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

6
2
2

YK

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 _____

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.