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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30381

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7658

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 4311 McRee (If rural, give location)

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

3. (a) PRINT FULL NAME John C. Hendricks

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-2695

4. Sex Male

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 June 10, 1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Air Conditioning

11. Industry or business Sinal Motor

MOTHER FATHER

12. Name John C. Hendricks

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

14. Maiden name Emma Miller

15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Theodore Hendricks

(b) Address 4311 McRee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 12 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10 year 1940 hour 1:00 minute P.M. M.

21. I hereby certify that I attended the deceased 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 Laceration and Haemorrhage of Brain and Fracture of Skull

Due to

Due to suffered in fall from Ladder while working

Other conditions at 3414 Lindell (Include pregnancy within 3 months of death) about 9:30 A.M. Sept. 10 1940

Major findings: Of operations

Of autopsy Accident

Duration

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 9/10/40

(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? (e) Means of injury Fall

23. Signature Joseph M. Jensen (M. D. or other)

Address Deputy Coroner Date signed

(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 Thomas Eynch

Licensed Embalmer No. 1284

P. O. Address St Louis M

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

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