

S. No. 2
OM-2-43
v. 5-17-39
X35697

FILED JAN 25 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Alexian Bros
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County Madison

(c) City or town Collinsville
(If outside city or town limits, write "RURAL")

(d) Street No. 403 Sycamore
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Willie Hendricks

3. (b) If veteran, name war no

3. (c) Social Security No. 360-03-9397

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th
year 1945 hour 7 minute 50P.M.M.

21. I hereby certify that I attended the deceased from Jan. 9th
1945 to Jan 14th 1945;

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bertha Hendricks

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 10th 1880
(Month) (Day) (Year)

that I last saw him alive on Jan. 14th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

Due to _____

Pneumococcus.

Due to _____

9. Birthplace Kadiz Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Midwest Piping & Supply Co

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

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Thomas Hendricks

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

14. Maiden name Eliza Cunningham
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Hendricks

(b) Address Collinsville, Ills.

17. (a) removal (b) Date thereof 10/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ills.

18. (a) Signature of funeral director Geo. M. Schraepel

(b) Address Collinsville, Ills.

19. (a) JAN 15 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address 1319 So. Bdway. Date signed 1/15/45

FEB 20 1945

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, ~~SA~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Geo M. Schaeffer

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.,

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.