

No. 2
 8-43
 5-17-39
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2680

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 16 1945

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 35

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Rock Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jefferson
 (c) City or town Rock Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA, M. HENDRICKS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lafayette Hendricks
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased may 28 1890
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 23. DATE OF DEATH Month 12 day 12
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 12/4/44 1944 to 12/12 1944
 that I last saw h. alive on 12/12 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis Duration 10 hrs.
 Due to Auricular Fibrillation ?
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 94a

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
 12. Name unknown
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: 94a
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lafayette Hendricks
 (b) Address House Springs Rd.

17. (a) Removal (b) Date thereof 12-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews High Ridge, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
 (b) Address Fenton, Mo.

19. (a) 12/12/44 (b) C. H. Clement
 (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 Frank Heck (M. D. or other) _____
 Address Fenton, Mo. Date signed 12/12/44

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

5000

1 of 66

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1945

RECEIVED

District Health Officer No. 97

District File Number.....

Date Filed 1-10-45

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 Felix Demand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo

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.