V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1945

State File No. 31957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9128

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

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1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 22years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Hadley
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Golden Hendrix

3. (b) If veteran, name war none

3. (c) Social Security No. 499-010 5648

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Annette Hendrix

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June (Month) 14, (Day) 1914 (Year)

8. AGE: Years 31 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Bolva County, (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation labor

11. Industry or business

FATHER
12. Name William Hendrix
13. Birthplace Bolava County, (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Lillie Kennley
15. Birthplace Bolava County, (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Annette Hendrix
(b) Address 1305 A. Hadley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) OCT 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1945 hour 4 minute 35 P M.

21. I hereby certify that I attended the deceased from Oct. 16, 1945, to Oct. 18, 1945;
that I last saw him alive on Oct. 18, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Courtney (M. D. or other)
Address Glen H Whittier Date signed 10/19/45

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.