

FILED JAN 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
3815 West Minister Place!
(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 **000**
(c) City or town **St. Louis (8)**
(If outside city or town limits, write "RURAL") **1917**
(d) Street No. **3815 Westminister Place.**
(If rural, give location) **9**
(e) Citizen of foreign country? **No** (Yes or No) **J**
If yes, name country _____

3. (a) PRINT FULL NAME **Buddie W. Hendricks.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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 **October 30, 1945.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Edmund Hendricks,**

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

14. Maiden name **Loretta Schweppenstedt.**

15. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Edmund Hendricks.**

(b) Address **3815 West Minister Place.**

17. (a) **Burial** (b) Date thereof **1-5-1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **1946** (b) **J. F. Bredeck**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3rd.**
year **1946.** hour **3.** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Birth**
Oct 30 19**25** to **Jan 3** 19**46**
that I last saw him alive on **Nov 1** 194**5**
and that death occurred on the date and hour stated above.

Immediate cause of death **Child was bowled**
Birth of 2 mos girl
had gastroenteritis
Due to **of her 11 child**
Child on your gas pipe
Due to **she reached it. It exploded**
and killed her to the emergency

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

Major findings:
Of operations _____
Of autopsy _____

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 **J. F. Bredeck** (M. D. or other) _____
Address **526 South Taylor** Date signed **Jan 26**

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

2592

Dr. J.H.Walton.
536 N. Taylor Avenue.
Hours 10 to 12 noon.
Newstead 2791

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

Robert M. May

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.