

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: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County own 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1861a North Market
26 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerry Wayne Hendrix

3. (b) If veteran, name war No 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 July 6, 1843
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 3 12 hr. min.

9. Birthplace Evansville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Derris W. Hendrix

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

14. Maiden name Geneva Ott

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

16. (a) Informant Children's Hospital Records

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 10-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 19 1948 (b) J. B. Swartz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1948 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 7, 1948 to October 18, 1948
that I last saw him alive on October 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, myeloblastic, acute.
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. S. Knigher (M. D. or other) MD

Address 300 S. Kemp Highway Date signed _____

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 Ray W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address St Louis 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: