

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10159**
2834
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MO	
b. CITY OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural give location) 3442 Pine Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lizzie	b. (Middle)	c. (Last) Hendricks	4. DATE OF DEATH (Month) (Day) (Year) March 25 1949
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5. SEX Female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-30-1889	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Valley Mine, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Calley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Albert Hendricks 3442 Pine
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Albert Hendricks, 3442 Pine	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease with		
	ANTECEDENT CAUSES Obstructive Uropathy and Uremia DUE TO (b) ... Undetermined DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-28**, 19**49**, to **3-25**, 19**49**, that I last saw the deceased alive on **3-25**, 19**49**, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Osley L Daniels (Degree or title) M. D. U	23b. ADDRESS 2601 W Whittier St	23c. DATE SIGNED 3-26-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-1-49	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County
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DATE REC'D BY LOCAL REG. MAR 29 1949	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry ADDRESS 4202 Finney
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1697

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 _____

~~Student Embalmer No.~~

working under my personal supervision.

Signed

Leroy W. Summister

Signed

Student Embalmer

Licensed Embalmer No.

4523

P. O. Address

3880 Easton Ave

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.