No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1950

State File Number 22281

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 1564

1001

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale 22
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 296 Edwin Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale 22
d. STREET ADDRESS (If rural, give location) 296 Edwin

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3. NAME OF DECEASED (Type or Print)
a. (First) Calvin
b. (Middle) A
c. (Last) Hendricks

4. DATE OF DEATH (Month) (Day) (Year) June 25 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-13-1874
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 10 Days 12 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Adams County, Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Hendricks
13b. MOTHER'S MAIDEN NAME Mary Gibbs
14. NAME OF HUSBAND OR WIFE Ethel Hendricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Floyd Hendricks **ADDRESS** Glendale, Mo. 296 Edwin.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20 *19* 50, *to* June 25, *19* 50, *that I last saw the deceased alive on* June 25 1950, *and that death occurred at* 3:10 am., *from the causes and on the date stated above.*

23a. SIGNATURE Ted Dean (Degree or title) M.D.
23b. ADDRESS 4500 W Pine, St Louis
23c. DATE SIGNED 6-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-25-50
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State) Barry, Ill.

DATE REC'D BY LOCAL REG. 6-26-50
REGISTRAR'S SIGNATURE Herbert C. Wombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Felix Duvand

Signed.....
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 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.