

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38605
9634

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3841 COTTAGE AVE.</u>				11. STREET ADDRESS <u>3841 COTTAGE AVE.</u>				2119			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>			b. (Middle) <u>HENDRIX</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 24, 1882</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR: Months <u>20</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>RENAULT, ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>YES</u>		
13a. FATHER'S NAME <u>EDWARD HENDRIX</u>				13b. MOTHER'S MAIDEN NAME <u>ABBIE HURSEY</u>			14. NAME OF HUSBAND OR WIFE <u>MARY HENDRIX, 3841 COTTAGE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>MARY HENDRIX, 3841 COTTAGE</u>					
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) <u>acute heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Ch. myocarditis</u>			DUE TO (c) <u>hypertension - cardio-vascular renal disease</u>		5 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									5 yrs		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>442X</u>					
22. I hereby certify that I attended the deceased from <u>May, 1950</u> , to <u>Nov 13, 1950</u> , that I last saw the deceased alive on <u>Nov 13, 1950</u> and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>						23b. ADDRESS <u>495 1/2 Maryland Ave.</u>		23c. DATE SIGNED <u>11/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>				
DATE REC'D BY LOCAL REG. <u>Nov 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Parson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SULLIVANS BROTHERS, ST. LOUIS, MO</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signature *Robert L. Quakman*

Licensed Embalmer No. *2553*

P. O. Address _____

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.