

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10074

State File No.

FILED MAR 24 1952

318

1003

Registrar's No. 1984

BIRTH NO. 17489 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Missouri</u>)		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>1909 N. 13th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>2269</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u>		b. (Middle)	
c. (Last) <u>HENDRIX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 29, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>2-13-52</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>U.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>DERRIS HENDRIX</u>		13b. MOTHER'S MAIDEN NAME <u>LAVANA BATTEN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>LAVANA BATTEN</u> ADDRESS <u>1909 N. 13th St</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Diarrhea</u>		DUE TO (c) <u>Lower Nephron Nephrosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>76 Ft. 0</u>	
22. I hereby certify that I attended the deceased from <u>2-26-52, 19</u> to <u>2-29-52, 19</u> , that I last saw the deceased alive on <u>2-29-52, 19</u> , and that death occurred at <u>1:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Donald L Smith MD</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>2-29-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>3-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <u>POPULAR BLUFF MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> ADDRESS <u>2301 Lafayette</u>	
DATE REC'D BY LOCAL REG. <u>MAR 3 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> (Licensed Embalmer's Statement on Reverse Side)	

3-1-8
5-1-8

STATE OF MISSISSIPPI

01

SE - E. B

23.8m 23.000

15

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.....

Not embalmed..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. G. Ferris.....

Licensed Embalmer No. 3384.....

P. O. Address 2301 Lafayette 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.