No. 300
10.48

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26553

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2065

1. PLACE OF DEATH
a. COUNTY ST. LOUIS O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (in this place) 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CO. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEMAY 87 4870
d. STREET ADDRESS (If rural, give location) 214 E. HOLDEN

3. NAME OF DECEASED (Type or Print)
a. (First) Fred b. (Middle) NONE c. (Last) Hendricks

4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 52

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN. 4, 1887
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANITARY WORKER
10b. KIND OF BUSINESS OR INDUSTRY V.A. HOSPITAL
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME AUGUST HINDRICHS
13b. MOTHER'S MAIDEN NAME ELIZABETH WEBER
14. NAME OF HUSBAND OR WIFE JULIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 1-13-05 001-16-09
16. SOCIAL SECURITY NO. 499-03-5186
17. INFORMANT'S SIGNATURE OR NAME JULIA HINDRICHS ADDRESS 214 E. HOLDEN

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) Carcinoma of Bronchus — INTERVAL BETWEEN ONSET AND DEATH 1 yr +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 163X
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis, Chronic 1 yr +

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* 7-2, 1952, *to* 8-1, 1952, *that I last saw the deceased alive on* 8-1, 1952 *and that death occurred at* 8:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS 601 S. Brentwood Clayton
23c. DATE SIGNED 8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE AUG. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.
24d. LOCATION (City, town, or county) (State) 1215 LEMAY FERRY RD.

DATE REC'D BY LOCAL REG. 8-2-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE CHOFFMEISTER U & L CO. ADDRESS 7814 So. BROADWAY

SW (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

Signed James C. Hoffmeister

Licensed Embalmer No. 13871

P. O. Address 7814 So. Broadway

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.