

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33385

State File No. ....

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8379

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>10m</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips</u>			e. STREET ADDRESS (If rural, give location) <u>617 N. Jefferson</u> <u>2219</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Adolph</u> c. (Last) <u>Hendy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8--27--53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 20-1922</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>7</u>
IF UNDER 24 HRS. Hours <u>7</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Armour Packing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Joseph Hendy</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Mackimon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Hendy 741 Aubert St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Meningitis. Contrib:- Chemical Burns of eye, (eye); suffered with Marie Shaw when solution of eye water was prepared in house at Colunet Hotel, 611 70 Jefferson Ave. about 750 and July 14 1953</u>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly leading to death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, etc.) <u>Home</u>	21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 53 7:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E983X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:25</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Patrick E Taylor</u>		(Degree or title)	23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8--30--53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New York, N. Y.</u>	24d. LOCATION (City, town, or county) (State) <u>New York, N. Y.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 28 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. W. Roberts Und. Co. 1416N. Taylor</u>		

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.....  
Signature of Student Embalmer

Signed *James A. Carter*.....

Licensed Embalmer No. *4681*.....  
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.