

FILED DEC 4-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40588

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11094**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1212 Oakley Place		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			d. STREET ADDRESS (If rural, give location) 1212 Oakley Place				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Hendricks			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 11, 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY nil	11. BIRTHPLACE (City and State or Foreign Country) Fort Bragg, N. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles E. Hendricks		13b. MOTHER'S MAIDEN NAME Betty Schuettberg		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Charles E. Hendricks	17. ADDRESS 1212-Oakley Pl.				
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH ?	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus Communicating			DUE TO (b)				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Basilar meningitis				
19a. DATE OF OPERATION 9-9-53	19b. MAJOR FINDINGS OF OPERATION Thin cortex - Communicating Hydrocephalus				20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 344X					
22. I hereby certify that I attended the deceased from 8-26, 1953 , to 11-20, 1953 , that I last saw the deceased alive on 11-20, 1953 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Ernst Becker M.D.		23b. ADDRESS 4500 Olive		23c. DATE SIGNED 11-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-23-1953	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) Wellston, Mo.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 23 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE Blumhardt Bros. Inc.	ADDRESS 2504-Woodson Rd. Overland-14-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.

Student
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 34521

P. O. Address Portland, Me.

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.