

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023382
State No. 6733

FILED JUL 14 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6733

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4841 Sacramento Avenue		e. STREET ADDRESS (If rural, give location) 4841 Sacramento Avenue, 15			
3. NAME OF DECEASED (Type or Print) a. (First) LEO		b. (Middle) M.		c. (Last) HENDRIX, SR.	
4. DATE OF DEATH July 3rd, 1958		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 28th, 1881		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trouble Foreman		10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co.		11. BIRTHPLACE (City and State or Foreign Country) Fort Madison, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (Leo M.) Hendrix		13b. MOTHER'S MAIDEN NAME Sarah A. Lowhouse	
14. NAME OF HUSBAND OR WIFE Late Nancy E. Hendrix		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-05-0945	
17. INFORMANT'S SIGNATURE OR NAME Leo M. Hendrix, Jr., 4841 Sacramento Ave.,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 1 yr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach Left		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma		DUE TO (c) -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 145.0		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		22. I hereby certify that I attended the deceased from July 2, 1958, to July 3, 1958, that I last saw the deceased alive on July 2, 1958, and that death occurred at 11:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 4841 Sacramento Ave.		23c. DATE SIGNED 7/14/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/7/58		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) St. Louis County, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE [Signature]		24f. ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis 15, Missouri	
DATE RECD BY LOCAL REG. JUL 7 '58		REGISTRAR'S SIGNATURE [Signature]		FUNDRAISER'S SIGNATURE [Signature]	

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 *John A. Miller*.....

Licensed Embalmer No. *4180*

P. O. Address *St. Louis*.....

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.