

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7642 = 62-028740  
STATE FILE NUMBER

318 1003  
Registration District No. Primary Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

Registrar's No.

**FILED AUG 13 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived.. Institution Residence before admission)  
a. STATE **Missouri** COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b

c. CITY OR TOWN **Normandy** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Faith Hospital** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **7720 Nacomis Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) **ELVIN VINCENT HENDRIX** 4. DATE OF DEATH Month Day Year **Aug. 3, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4/8/1907** 9. AGE (last birthday) **55** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Floorman** 10b. KIND OF BUSINESS OR INDUSTRY **1st Nat'l Bank** 11. BIRTHPLACE (City and state or country) **Renault, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Andrew Hendrix** 13b. MOTHER'S MAIDEN NAME **Mary Schmitz** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes. 11 W. W. 11** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Lawrence Hendrix 7720 Nacomis Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Acute massive coronary infarct** INTERVAL BETWEEN ONSET AND DEATH **15 min**  
DUE TO (b) **Coronary Decompensation** **Tue**  
DUE TO (c) **Generalized arteriosclerosis** **-**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. **Bilateral pneumonia, chronic pleurisy, Bilateral pleural effusion** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter signature of injury in PART I or PART II of item 18.) **off**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. **4 20.1**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-15-1952** to **8-3-62** and last saw him alive on **8-2-62**  
Death occurred at **815 Am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John Stygar** 22b. ADDRESS **St Louis, Mo 2400 Kings Highway Blvd** 22c. DATE SIGNED **8/3/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/6/1962** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.** 25. DATE RECD. BY LOCAL REG. **AUG 4 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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3400 N. Kingshighway  
St. Louis, Mo

**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 *J. M. Rister*

Licensed Embalmer No. 3980

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.