

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43164
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St Louis Mo** (d) Street No. **Missouri Baptist Hospital** St. Registered No. **11414**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Leo Hendricks**

(a) Residence, No. St. **NR Sullivan Mo**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie Hendricks**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer.**
9. Industry or business in which work was done, as saw mill, bank, etc. **1**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Clair Missouri**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Nellie Hendricks**
(ADDRESS) **Sullivan Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Marrett Box Mo** DATE **12-12** 1937

19. FUNERAL DIRECTOR **Carey + Co**
(ADDRESS) **St Clair Mo**

20. FILED **DEC 11 1937** **J. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-10-1937**

22. I HEREBY CERTIFY That I attended deceased from **Dec 4**, 19**37**, to **Dec 10**, 19**37**

I last saw him alive on **Dec 10**, 19**37**. Death is said to have occurred on the date stated above, at **2:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Intestinal Intussusception (Date of onset **3 Days**)
(following Peptic Ulcer)
(Cholecystenterostomy)
for abdominal distress
Cause unknown

Other contributory causes of importance:

123
Stomach Intercystomy Date of **Sept-07**
Name of operation **Intercystomy**
What test confirmed diagnosis: **operative** Was there an autopsy **1937**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **W. Fairbanks**, M. D.
(Address) **3158 Lafayette**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Ketter

L. E.

No. 3880 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

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.)