

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9364**  
Registrar's No. **2774**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. LOUIS**  
(b) City or town **St. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Desloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 mo**  
In this community **50 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bro. Henry H. Hendrickx S.J.**  
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 16th., 1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Holland 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Religious**

11. Industry or business \_\_\_\_\_

12. Name **Leonard Hendrickx**

13. Birthplace **Holland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Houston**

15. Birthplace **Holland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Father Rooney**

(b) Address **4970 Oakland Ave.**

17. (a) **Burial** (b) Date thereof **3-29-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Stanislaus**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 28 1941** (b) **H. Hendrickx**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 1794**  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4970 Oakland Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **27**  
year **1941** hour **8** minute **10** A. M.

21. I hereby certify that I attended the deceased from **1935**  
19\_\_\_\_ to **3-27** 19**41**;  
that I last saw him alive on **3-26** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis Chronic** Duration **3 Mo.**  
Due to **Hypertensive, vascular Disease** **18 yrs**  
Due to \_\_\_\_\_

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **See above plus C.P.C. of lungs, esophagus & spleen.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **D**

23. Signature **E. Reed Shrader** (M. D. or other) \_\_\_\_\_  
Address **3720 Washington** Date signed **3-28-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0  
17  
9

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*W H Van Matre*

Licensed Embalmer No. ....

*2825*

P. O. Address.....

*4340 Lafayette*

**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.**