S. No. 2
OM—2-43
5-17-39
I X-5897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12242

State File No.

FILED APR 23 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3508

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2855a Osage Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Hendrickson
3. (b) If veteran, name war
3. (c) Social Security No. unknown
4. Sex M
5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lois Hendrickson
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased August (Month) 19 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
34	7	20	hr. min.

9. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Elephant Trainer
11. Industry or business St. Louis Zoo
FATHER
12. Name Roy Hendrickson
13. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Winifred Kildugs
15. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Lois Hendrickson
(b) Address 2855a Osage Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield, Illinois
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) APR 14 1943 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 4 minute 48 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Isolated Myocarditis	
Due to Cardiac Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 4/10/43

844

(Licensed Embalmer's Statement on Reverse Side)

3508

3508

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. G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.