No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43810

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2565

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cass 999

(c) City or town Rural Arenzville 11
(If outside city or town limits, write "RURAL")

(d) Street No. RR# 2 0
(If rural, give location) 2

(e) Citizen of foreign country? - - (Yes or No)

If yes, name country - -

3. (a) PRINT FULL NAME HENDRICKER, Ralph C.

3. (b) If veteran, name war WW-2

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased March (Month) 11 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	9	1	hr. min.

9. Birthplace Arenzville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Hendricker
13. Birthplace - Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Krohe
15. Birthplace - Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address V.A.Hosp.Jefferson Bks. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Beardstown, Ill.

18. (a) Signature of funeral director C.Hoffmeister U&L Co.

(b) Address 7814 So. Broadway, St.Louis, Mo.

19. (a) 12-12-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1947 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from November 29, 1947, to December 12, 1947; that I last saw him alive on December 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MONOCYTIC LEUKEMIA	Unknown
Due to 74a	
Due to	
Other conditions - - (Include pregnancy within 3 months of death)	
Major findings: Of operations - -	
Of autopsy No Autopsy performed	

PHYSICIAN

Underline the cause of 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 W F Rose (M. D.)
W.F. Rose, M.D.

Address Jefferson Barracks, Mo. Date signed 12/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1948

DEC 29 1947

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.