

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4000  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis-15-Mo</u> c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS <u>Bellefontaine Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 51</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENDRICKS</u> b. (Middle) <u>Ronald</u> c. (Last) <u>Ray</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>3-21-43</u> 9. AGE (In years last birthday) <u>7</u> 10. UNDER 1 YEAR (Month) (Day) <u>10 27</u> 11. UNDER 100 (Year) (Month) (Day) <u>7 13</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	
11. BIRTH PLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Victor C. Hendricks</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Peck Hendricks</u>	
14. NAME OF HUSBAND OR WIFE <u>/</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>/</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Louis State Tr. School</u> ADDRESS <u>Bellefontaine Road</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES <u>Inability to assimilate food</u> DUE TO (b) <u>/</u> DUE TO (c) <u>/</u> II. OTHER SIGNIFICANT CONDITIONS <u>Paraplegia</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>/</u>		19b. MAJOR FINDINGS OF OPERATION <u>/</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>351x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7192</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>/</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>/</u>		22. I hereby certify that I attended the deceased from <u>1-21-1951</u> , to <u>2-11-1951</u> , that I last saw the deceased alive on <u>1-10-1951</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Edward A. Trigg, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis State Training School</u>	
23c. DATE SIGNED <u>2-4-51</u>		24. LOCATION (City, town, or county) (State) <u>7775 St. Charles Rock Road</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 14, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7775 St. Charles Rock Road</u>	
DATE REC'D BY LOCAL REG. <u>2/11/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domschke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u>		ADDRESS <u>818 W. S. Broadway, St. Louis, Mo.</u>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Harry J. Schumacher

Signed.....  
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 J. 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.