

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9703

State File No. ....

FILED MAR 31 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2582**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthonys Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5814 S. Compton 2019</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Hendy</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 20, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 2, 1869</b>
9. AGE (In years last birthday) <b>85</b>		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. Police Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Patrick Hendy</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen Creghan</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Hendy</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>U k</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nellie Hendy 5814 S. Compton</b>
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) <b>Arterio-sclerosis generalized</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Incomplete bowel obstruction</b>	
19a. DATE OF OPERATION <b>3/2/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adhesions transverse colon to sigmoid</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>5705</b>	
22. I hereby certify that I attended the deceased from <b>Feb 27, 1955, March 20, 1955</b> , that I last saw the deceased alive on <b>3/19, 1955</b> and that death occurred at <b>8 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Pierce W. Powers M.D.</b>		23b. ADDRESS <b>634 No. Grand</b>	
23c. DATE SIGNED <b>3/22/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial Rem.</b>	
24b. DATE <b>3-23-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 22 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith mo</b> <i>msb</i> (Licensed Embalmer's Statement on Reverse Side)	

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

front office

Miss Bruce W. Gowers  
No. Theatre Bldg  
Je 3-8411

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3

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*  
Licensed Embalmer No...451

P. O. Address 6322 So.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.