

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027437

FILED VS JUL 21 1959 317

Registration District No. _____ Primary Registration District No. 541 Registrar's No. 1793

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 054		Length of stay in 1b DOA		c. CITY OR TOWN Ballwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rd. Rt. 2 (29 New Ballwin)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SARA Middle JEAN Last HENDRICKSON				4. DATE OF DEATH Month June Day 30 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-7-1947	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Richmond Heights, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Woodrow Hendrickson			13b. MOTHER'S MAIDEN NAME Sarah J. Comfort			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Rt. 2, Ballwin, Mo. Woodrow Hendrickson				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to drowning							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidental drowning in Meramec River							
20c. TIME OF INJURY 2:30 approx. 6/30/59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River		20f. CITY, TOWN, OR LOCATION Castlewood		COUNTY St. Louis	STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Raymond J. [Signature]</i> (Degree or title) Coroner				22b. ADDRESS Clayton, Mo.				22c. DATE SIGNED 7/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-4-1959	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.			23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.			
24. FUNERAL DIRECTOR Pfizinger Mort-Kirkwood 22, Mo.				25. DATE RECD. BY LOCAL REG. 7-4-59		26. REGISTRAR'S SIGNATURE <i>John C. Murphy ML</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.