WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

11127

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, (No. Home for the Aged. St. ..... Ward)

File No. .....

Registered No. 2956

**2. FULL NAME** Mary Henderson

(a) Residence. No. 3400 S. Grand Blvd. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30. 1864.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 63 | 5 | 15 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Curtin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ellen Sheehan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Sister Michael
(Address) 3400 S. Grand Blvd.

15. FILED MAR 16 1928 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 2 3/15

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15-1928

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1928, to March 15, 1928, that I last saw her alive on March 14, 1928, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1:30 PM

107A Broncoal Pneumonia
97
100A (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
..... (duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) [signature] M. D

3/15/, 1928 (Address) 3165 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery

DATE OF BURIAL Mar. 17, 1928.

20. UNDERTAKER J H Gibbons Law & Co

ADDRESS 2842 Meramec