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.

14942

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 791 Registered No. 3465

City St. Louis (No. 3863 Thomas St. ..... Ward)

2. FULL NAME Frank Henderson

(a) Residence, No. 3863 Thomas St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, ~~HUSBAND OF~~ (OR) WIFE OF: Ardell Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6 - 1901

7. AGE: YEARS 32 MONTHS 1 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latorer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

FATHER

13. NAME: Tom Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ardell Henderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park DATE: April 15 1933

19. UNDERTAKER (ADDRESS): Dement - son, 2700 Wash St.

20. FILED: APR 15 1933 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/11/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/9/33, 19, to 4/11/33, 19

I last saw him alive on 4/11/33, 19 7. Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/7/33 by history
100	
93A 108	

Other contributory causes of importance:

Acute myocarditis	4/10/33

Name of operation: none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify .....

(Signed) Stephen Cizeau, M. D.

(Address) 3202 Park

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