

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

Do not use this space.

26552

1. PLACE OF DEATH

County..... Registration District No. 291
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3640 Marine Ave., St. Louis, Mo.) St. 10 Ward)

File No.
Registered No. 6724

2. FULL NAME Earl L. Henderson

(a) Residence, No. 4422 Maffit Ave., St. 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
37 2 19

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

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

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

13. NAME Henry Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

15. MAIDEN NAME Julia Nash

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

17. INFORMANT Green Dinsion
(ADDRESS) U S Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7-8-1934

19. UNDERTAKER C. Young
(ADDRESS) 3640 Marine Ave., St. Louis, Mo.

20. FILED 10-11-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, 19... to July 4, 1934, 19...
I last saw him alive on July 4, 1934, 19... Death is said

to have occurred on the date stated above, at 5:25 PM
The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, bilateral, far advanced Date of onset Unknown

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Address) J. Delougherty, M.D. Surgeon, U.S. Marine Hospital, St. Louis, Mo.

Signed: J. Delougherty
certified: J. Delougherty, M.D. off charge

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.

JUL 13 1934

