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.

41347

File No. 11333

Registered No.

1. PLACE OF DEATH

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

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

City St. Louis (No. 5 DeTaut Barracks St. ..... Ward)

2. FULL NAME Henrietta Henderson

(a) Residence, No. 5327 Kossuth St., 5 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	7	7	

OCCUPATION

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

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) Jackson County Ill.

FATHER

13. NAME Joseph Kruscha

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Ill.

MOTHER

15. MAIDEN NAME Louisa Schank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Ill.

17. INFORMANT Louis M. Henderson
(ADDRESS) 5327 Kossuth

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orsville Ill. DATE Nov. 29, 1934

19. UNDERTAKER Bridgewater Funeral Home
(ADDRESS) 1626 Franklin

20. FILED Nov 28, 1934 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Nov. 27, 1934

I last saw h. alive on Nov. 27, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

	Date of onset
Cerebral Oedema	Nov 27
Chr. gall bladder without stones	
Appendicitis	

Other contributory causes of importance:
Fatty degeneration of Heart myocarditis. Chronic

Name of operation Saponifying Date of Nov. 14

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 .....

(Signed) H. L. Gibbs, M. D.
(Address) 5298 Page