

OCT 5 1936

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

Do not use this space.

35609

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST LOUIS** (No. **ST ANTHONY'S FIRST**) St. Ward

File No.....
Registered No. **9222** St. Ward

2. FULL NAME **ADELE F HENDERSON**
(a) Residence, No. **955 TUXEDO** St. **NR** Ward. **Neuber Towers No.**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT 3**, 19**36**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **FRED S HENDERSON**

22. I HEREBY CERTIFY, That I attended deceased from **SEPT 30**, 19**36**, to **SEPT 2**, 19**36**
I last saw her alive on **SEPT 3**, 19**36**. Death is said to have occurred on the date stated above, at **6 P.** m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB 1**, 18**95**
7. AGE YEARS **41** MONTHS **7** DAYS **2** IF LESS than 1 day, hrs. or min.

Date of onset
Labor
Myocardial Infarction
Bilateral
663

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **AT HOME**
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

Other contributory causes of importance:
Thrombophlebitis
Exophthalmic Goiter

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO**

Name of operation **Prostomy** Date **Sept 36**
What test confirmed diagnosis? **Leucocytes** Was there an autopsy? **No**

MOTHER FATHER
13. NAME **MICHAEL FITZGERALD**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NEW ORLEANS**

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.

15. MAIDEN NAME **ROSE CURTIS**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NY**

17. INFORMANT **FRED S HENDERSON**
(ADDRESS) **955 Tuxedo Wash Square Mo**

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **ALVARY** DATE **Sept 7 1936**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **[Signature]**, M. D.
(Address) **[Address]**

19. UNDERTAKER (ADDRESS) **LARRY MULLIN 5765 25th MAR**

20. **SEP 5 1936** Registrar. **[Signature]**

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.

