

NOV 19 1937

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

Do not use this space.

42430

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Normandie Central Primary Registration District No. 6033
City St. Louis Mo. (No. 7119), Edison Ave. St. _____ Ward _____

File No. _____
Registered No. 331

2. FULL NAME John J. Henderson

(a) Residence, No. 7119 Edison Ave St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Margaret Henderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2nd 1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
51 11 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John Henderson

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME A melia Hewes

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Mrs. A melia Hyman
(ADDRESS) 7119 Edison Ave (Edison)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontain Cem DATE 11/20/36

19. UNDERTAKER Hy Reiderer Used Co
(ADDRESS) 1417 N. West

20. FILED 11-19-36 W. Baehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/36 . 19 36

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16th, 1936, to Nov. 18th, 1936
I last saw him alive on Nov. 19th, 1936. Death is said to have occurred on the date stated above, at 6:30A.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/19/36

Other contributory causes of importance:
100
Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 _____
(Signed) Edwin J. Finkbeiner, M. D.
(Address) 3635 No. Huntington Ave

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.

32557 (1)