DEC 3 1936

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

Do not use this space.

File No. 42762

Registered No. 11288

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. CITY HOSPITAL NO. 2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME George Henderson

(a) Residence, No. 2921 Howard St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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)
Male	Col.	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	10	11	

OCCUPATION

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

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) Ga.

FATHER

13. NAME Ed. Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Esther M. Sherard
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 11/14/36, 19

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 2820 Stoddard St.

20. FILED NOV 13 1936, 19 J. Bieleck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 11-3-, 1936, to 11-7-, 1936

I last saw him alive on 11-7-, 1936 Death is said to have occurred on the date stated above, at 11:30 A. M.

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

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	11-3-36

Other contributory causes of importance: -----

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) A. L. Lemme, M. D.

(Address) City Hosp. No. 2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD