FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Central
City ..... (No. 1477 Engelholm Ave. St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033

File No. 2971
Registered No. 13

2. FULL NAME Hattie Henderson.
(a) Residence, No. 1477 Engelholm 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peroxide Chemical
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 Frank L. Rivers.
14. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Lucy M. Wolff.
16. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mr. William F. Castanie
(ADDRESS) 1477 Engelholm Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE January 14, 1937

19. UNDERTAKER Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 1-13- 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936, to Jan 12, 1937.
I last saw h.... alive on Jan 11, 1937. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	

Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

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) [illegible], M. D.
(Address) 3115 So Grand

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

190M-11-24-33

Dr. [illegible]

3115 So Grand Blvd

10 to 12

Lakeside 8370