

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.

JUL 8 1937

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4421 Laclede Ave.**) ..... St. ..... Ward)

22211  
File No. ....  
Registered No. **5963**

2. FULL NAME **Robert Henderson**

(a) Residence, No. **4421 Laclede Ave.** St. **19** Ward. (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) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Catherine Henderson**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**55 11 7**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stat. Engineer**  
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) **Neb.**

13. NAME **James Henderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Neb.**

15. MAIDEN NAME **Sarah Roles**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Noviscota**

17. INFORMANT **Mrs. Catherine Henderson**  
(ADDRESS) **4421 Laclede Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary Cem.** DATE **June 21, 1937**

19. UNDERTAKER **Arthur J. Donnelly Undt. Co.**  
(ADDRESS) **3840 Lindell Bldg.**

20. FILED **JUN 18 1937** 19 **J. J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18, 1937**

22. I HEREBY CERTIFY That I attended deceased from **June 8<sup>th</sup>** 1937, to **June 17**, 1937.  
I last saw him alive on **June 17**, 1937. Death is said to have occurred on the date stated above, at **1:40 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma left lung**  
Date of onset

Other contributory causes of importance: **H.A.P.**

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 no, specify .....  
(Signed) **C. O. ...**, M. D.  
(Address) **1216A N Grand**

