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

SEP 10 1937

Do not use this space.

29088

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Central Hospital St. ..... Ward)

File No. .....

Registered No. 7721

2. FULL NAME Hettie E. Henderson

(a) Residence, No. 4631 Washington Blvd. St., 12 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	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	2	23	

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Belle Freer,
(ADDRESS) 4631 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cemetery DATE Aug. 17, 1937

19. UNDERTAKER Craig Undertaking Company,
(ADDRESS) 4468 Washington Blvd.

20. FILED AUG 16 1937 19 J. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:50 m. A.M.

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

	Date of onset
Arterio Sclerosis;	
Fracture of left hip, due to fall in her home 4631a Washington Ave., August 15, 1937, about 5:30 A.M.	

Other contributory causes of importance:

186a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/15, 19 37

Where did injury occur? St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fell to floor

Nature of injury Fracture left hip

*24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred G. Perry, M.D.

(Address) Deputy Coroner