

DEC 13 1937

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

39254
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis, Mo. (d) Street No. City Infirmary St. **10241**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henderson.

(a) Residence, No. 5800 Arsenal St. St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk. 1880
YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7. OCCUPATION No Occupation
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1937
22. I HEREBY CERTIFY, That I attended deceased from September 10, 1936 to November 1, 1937
I last saw him alive on November 1, 1937 Death is said to have occurred on the date stated above, at 6:15 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset
Respiratory Heart Disease

Other contributory causes of importance:

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

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) Geo. A. Byrd M.D.
(Address).....

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

13. NAME Dave McCullon.

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

15. MAIDEN NAME Molly McCullon,

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

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 5 1937

19. FUNERAL DIRECTOR Amesbury & Co.,
(ADDRESS) 2434 Taylor Ave.

20. FILED NOV 3 1937 J. T. Brudeck
Local Registrar.

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

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)