

DEC 28 1937

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

42521

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
(b) Township _____ Primary Registration District No. 4470
(c) City University City (d) Street No. 6800 Washington Registered No. 117
(e) Length of residence in city or town where death occurred 5 yrs. 1 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ellen Henderson
(a) Residence, No. 6800 Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 31

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. Retired
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) Buryedge England

FATHER 13. NAME John Egginton

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

MOTHER 15. MAIDEN NAME Jane Robson

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

17. INFORMANT Mary E. Craig
(ADDRESS) 6800 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Xenia Ill. DATE Nov. 36, 1937

19. FUNERAL DIRECTOR Shepard Funeral Home
(ADDRESS) 1107 Hamilton Avenue

20. FILED Nov. 26, 1937 Virginia Hirsch (D)
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937, to Nov 24, 1937

I last saw her alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 2:35 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Pneumonia Date of onset 11-12-37

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 _____, 1937

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? Yes

If so, specify _____

(Signed) of Physian, M. D.

(Address) 607 W. N. Grant St.

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: *Merle Shepard*

Licensed Embalmer No. *3555*

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.)