

JAN 10 1938

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

43815

Do not use this space.

1. PLACE OF DEATH

(a) County Enroute to Homer Registration District No. 791
(b) Township Phillips Hosp. Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. En route City Hospital #2, St. 12065
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Leona Brown Henderson

(a) Residence, No. 2922 Sheridan Ave. St. 21 (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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Henderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 2 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Cairo
(STATE OR COUNTRY) Ill.

13. NAME Dudley Brown

14. BIRTHPLACE (CITY OR TOWN) Paris
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Della Massie

16. BIRTHPLACE (CITY OR TOWN) Cairo
(STATE OR COUNTRY) Ill.

17. INFORMANT Della Brown
(ADDRESS) 2922 Sheridan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dicksons DATE 12/30/37

19. FUNERAL DIRECTOR E. L. Garner
(ADDRESS) 2829 Washington Ave.

20. FILER J. J. Brebeck
(Address) Local Registrar.

NO PHYSICIAN CERTIFICATE REQUIRED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24/37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____, at _____ A.M. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis, with ventricular hypertrophy of heart.
Chronic Parenchymatous Nephritis.

Other contributory causes of importance: 21

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? No
If so, specify _____
(Signed) Joseph M. Quinn
(Address) Deputy Coroner

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.

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STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)