

FEB 12 1938

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

671  
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** **791**  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2601 N Whittier** Registered No. **527**  
 (e) Length of residence in city or town where death occurred **3** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Booker Henderson** **36**  
 (a) Residence, No. **1418a N Garrison** St. **2/**  
 (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 **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15, 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**41 10 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

FATHER 13. NAME **Perry Henderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

MOTHER 15. MAIDEN NAME **Margaret Calloway**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**  
**2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dicksons** DATE **1/17/38**

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

20. FILED **JAN 16 1938** **J. G. Bredbeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 12**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 27**, 19**37**, to **Jan. 12**, 19**38**

I last saw him alive on **Jan. 12**, 19**38**. Death is said to have occurred on the date stated above, at **5:45p.** m.

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

**Hypertensive heart disease**

Date of onset **12/27/37**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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) **A. L. Lewis**, M. D.  
 (Address) **2601 N Whittier**

N. B.—Every item of information should be carefully classified. 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, Arthur L. Halliard

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 \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Arthur L. Halliard

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.)**