

Registration District No. **791**

Primary-Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 16 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Days  
(Specify whether  
In this community 10 yrs  
years, months or days)

3. (a) PRINT FULL NAME Robert Henderson

3. (b) If veteran. name war nil 3. (c) Social Security No. 520

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Faune 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 77 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Vicksburg Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Cotton Gin

11. Industry or business Cotton Gin

12. Name Robt.

13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Winters

15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gene Mice

(b) Address 751 So Coronado St St Louis

17. (a) Cremation (b) Date there OCT 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Walter Bros

(b) Address 4229 Rindell

19. (a) OCT 11 1940 (b) [Signature]  
(Date received local Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1510 Market  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1940 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from September 17, 19 40 to October 5, 19 40  
that I last saw him alive on October 5, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Lobar Freedlander Berlin

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Hayes Freedman (M., D., or other) MD

Address 1515 Lafayette Ave. Date signed 10/5/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Howard K. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**