

791

1003

10612

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 5823 Lotus Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JOSEPH V. HENDERSON?

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 17, 1938
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph V. Henderson,
18. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Stoltze
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph V. Henderson
(b) Address 5823 Lotus Ave.

17. (a) Burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. G. Stock

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 24 1940 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23.
year 1940 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12/23/40
_____ 19 _____ to 12/23/40 _____ 19 _____
that I last saw him alive on 12/23/40 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Tracheo-bronchitis Duration 5-7 days
Pneumococcus

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Tracheo-bronchitis
Pneumococcus

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 L. M. Kotter (M. D. or other)
Address Jewish Hosp. Date signed 12/24/40

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

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. St.

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.