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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5657

FILED MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1905

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

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether

In this community about 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 19

(c) City or town St. Louis 9 25 (If outside city or town limits, write "RURAL")

(d) Street No. 706 Pine Street (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Andrew Henderson

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-0350

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 58 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Waiter

11. Industry or business O.T.Hodge Chili Parlors

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant O.T.Hodge O. T. Hodge

(b) Address 935 Skinker Bovd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) FEB 28 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th. year 1941 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 2/20/41 ....., 19...., to 2/27/41, 19....; that I last saw him alive on 2/27/41, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia — Lobar — Type I c Septicemia	2 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Samuel Wallace (M. D. or other)

Address 1515 Lafayette Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 8633

P. O. Address 2317 Lafayette

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, fact should be so stated above.