

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

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 \_\_\_\_\_  
3347a Market Street. /  
(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 17  
(c) City or town St. Louis 918  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3347a Market Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Frankie Henderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harrison Henderson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unavailable Abt. 1888  
(Month) (Day) (Year)

8. AGE: Years Abt. 53 Months -- Days -- If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Dorsey

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

14. Maiden name Mary Ray

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

16. (a) Informant Harrison Henderson  
(b) Address 3347a Market Street

17. (a) Burial (b) Date thereof 5/1/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. H. [Signature]  
(b) Address 4107 Finney Ave.

19. (a) APR 28 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1941 hour 9:04 minute A.M. M.

21. I hereby certify that I attended the deceased from March 24th  
1941, to April 26th, 1941,  
that I last saw her alive on April 26th, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 2mos.

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: [Signature]  
Of operations \_\_\_\_\_

Of autopsy None.

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 Dr. Edward [Signature] (M. D. or other)  
Address 2901a Laclede Ave. Date signed \_\_\_\_\_

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

0  
17  
9

**STATEMENT BY LICENSED EMBALMER**

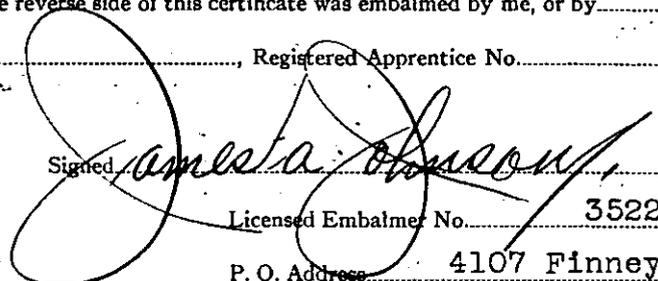
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

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

working under my personal supervision.

Signed



..... Licensed Embalmer No. 3522

..... P. O. Address 4107 Finney Ave.

**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.**