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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23257

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5609

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 18 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 4476 Cook Ave. 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harry Lee Henderson

3. (b) If veteran, name war --

3. (c) Social Security No. 489-09-0494

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September (Month) 12th. (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	9	22	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Chevrolet Motors Co.

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

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

16. (a) Informant Nannie Henderson
(b) Address 4476 Cook Ave. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUL 7 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th.
year 1941 hour 7:08 minute a. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death A Large hemorrhage in the lower lobe of the left lung and retroperitoneal hemorrhage, traumatic,
Due to when the car that he was driving left the Highway #3 and turned over
Due to near Brooklyn, Ill., about 6:00 o'clock A.M., July 4, 1941.

Duration

Other conditions
(Include pregnancy within 3 months of death)
CAUSE AND MANNER OF SAME COULD

Major findings:
Of operations NOT BE DETERMINED

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: 136

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

(b) Date of occurrence July 4, 1941

(c) Where did injury occur? Brooklyn, Ill. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

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

23. Signature James J. Fitzsimmons (M.D. or other) Coroner

Address 1300 Clark Ave. Date signed 7-7-41

(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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave. St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.