

Registration District No. **791** Primary Registration District No. _____

60
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
(Specify whether)
 In this community 19 years
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 limits, write "RURAL")
 (d) Street No. 4244 E Cook
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Henderson
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
 year 1941 hour 11:40 minute _____ A M.
 21. I hereby certify that I attended the deceased from August 6, 1941 to August 28, 1941
 that I last saw him alive on August 28, 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Suste Henderson 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased: April 1858
(Month) (Day) (Year)
 8. AGE: Years 83 Months 4 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death _____
Arteriosclerosis, Generalized
 Due to _____
 Due to _____
 Other conditions Senility
(Include pregnancy within 3 months of death)

9. Birthplace Brookville / Mississippi
(City, town, or county) (State or foreign country)
 10. Usual occupation Blacksmith - retired

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

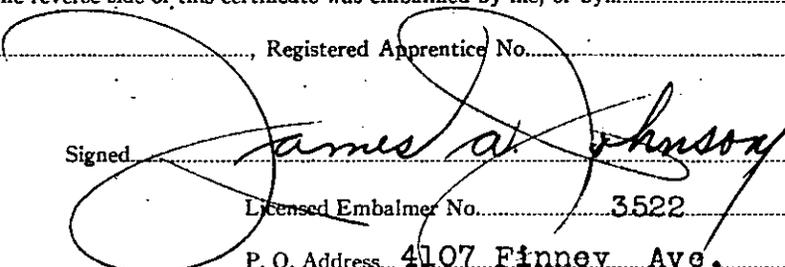
MOTHER FATHER { 12. Name Thomas Henderson
 { 13. Birthplace Brookville / Mississippi
(City, town, or county) (State or foreign country)
 { 14. Maiden name Unavailable
 { 15. Birthplace Brookville / Mississippi
(City, town, or county) (State or foreign country)
 16. (a) Informant S. B. Henderson
 (b) Address 4055a West Belle Pl.
 17. (a) Burial (b) Date thereof 9-3-1491
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery
 18. (a) Signature of funeral director Char. J. Satis
 (b) Address 4107 Finney Ave. St. Louis, Mo.
 19. (a) SEP 3 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

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 J. W. Johnson (M. D. or other) D
 Address 2601 N Whittier Date signed 9-2-41

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.