

JAN 9 1942

Registration District No. 754

Primary Registration District No. 20

Registrar's No. 2667

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1742 Dyer Ave
(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)

3. (a) PRINT FULL NAME Mary J. Henderson

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

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Willis S. Henderson

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

7. Birth date of deceased. Apr 9 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 19 If less than one day
hr. min.

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

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER { 12. Name Geo. W. Gard

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

14. Maiden name Matilda Dutton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Clara Schley

(b) Address 1730 Dyer Ave

17. (a) Burial (b) Date thereof Dec 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville Ill

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 N. Union Blyd

19. (a) DEC 29 1941 (b) E. S. Mc Gavran
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Rural Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 1742 Dyer Ave
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from Dec 25 1941 to Dec 27 1941
that I last saw her alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Broncho pneumonia

Due to Primary

Due to.....

Other conditions Chol myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration 12/27/41

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?.....

23. Signature John L. Linnell (M. D. or other)
Address 10360 Luckland Ave (City or town) (State)

757

Overland mo. 12/29/41

Dr. Olanwell New, 5112
10300 - Oakland, CA.
2-4-79 P.M.

7783 Forester
[Signature]

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.