

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

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3

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 1 month 19 days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Meecham Park
(If outside city or town limits, write "RURAL")

(d) Street No. 424 E. New York Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alexander Henderson

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 2. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Henderson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 5 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation yard work

11. Industry or business _____

MOTHER { 12. Name George Henderson

13. Birthplace unknown Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Lucy unknown

15. Birthplace St. Louis County Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Henderson

(b) Address 424 E. New York St.

17. (a) _____ (b) Date thereof 11-27-42
(Burial, _____ (Month) (Day) (Year))

(c) Place: burial or cremation Home

18. (a) Signature of funeral director John H. Hemphill

(b) Address 408 S. Filson Westwood

19. (a) JAN 26 1942 (b) E. H. Mc. Warren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1942 hour 7 minute: 50 P. A. M.

21. I hereby certify that I attended the deceased from 12-4-41 to 1-23-42 19____; that I last saw him alive on 1-23-42 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration minutes

Due to Arterio-sclerosis H. P. yes?

Due to Prostatic hypertrophy yes?

Other conditions Incarcerated inguinal hernia yes?
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Beckman (M. D. or other) _____

Address St. Louis Co. Hosp Date signed _____

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. *myself*

Signed..... *M. Houston Jr.*
Licensed Embalmer No..... *2266*

P. O. Address..... *2812, Thomas St*

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.