

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town. **4649 N. Market, Street,**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community. **(15) years,**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri.** (b) County. **11** **ooo**  
**17**

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

(d) Street No. **4649. N. Market, Street**  
(If rural, give location)

(e) Citizen of foreign country? **Born in U.S.OF.A.** (Yes or No)  
If yes, name country. **0**

3. (a) PRINT FULL NAME **Benjamin N. Henderson.**

3. (b) If veteran, name war. **W.W. Veteran**

3. (c) Social Security No. **?**

4. Sex. **Male,** race. **Afro-American, Married**

5. **Mar**

6. (a) Single, widowed, married.

6. (b) Name of husband or wife. **Obehia Henderson,**  
allive **32 1/2** years

6. (c) Age of husband or wife if

7. Birth date of deceased. **Aug 7th, 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>47</b>	<b>7</b>	<b>13</b>	hr. min.

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

10. Usual occupation. **U.S. Mail Clerk, in P.O.**

11. Address of business. **Post Office, St. Louis, Mo.**

12. Name. **Wm. Henderson,**  
Place. **Mississippi**  
(City, town, or county) (State or foreign country)

13. Maiden name. **Maggie Preston,**  
Place. **Mississippi**  
(City, town, or county) (State or foreign country)

14. (a) Informant. **Obehia Henderson**

(b) Address. **4649. N. Market, St, St Louis, Mo**

15. (a) Burial (b) Date thereof. **Mar 26th, 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Jefferson Barracks,**

16. (a) Signature of funeral director. **Lee J. Sneed**

(b) Address. **2812 Thomas, St, St Louis, Mo.**

17. (a) **9-27-42** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **20th,**  
year **1942.** hour **2:00:P.** minute **P.** M.

21. I hereby certify that I attended the deceased from **2/18/42** 19 to **3/20/42** 19  
that I last saw him alive on **3/20/42** 19  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Acute Myocarditis**

Duration **2 Mo**

Due to **Chronic myocarditis** **1 yr**

Other conditions. **9/8**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **9/8**

Of operations

Of autopsy

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? **0.**

23. Signature. **Charles E. Taylor** (Specify type of place) (M. D. or other)  
While at work. **St. Louis** (e) Cause of injury **0**

Address **3146 S. Igolede** Date signed **3/25/42**

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

MOTHER FATHER

*J. H. 365*

2740

2740

**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.....

..... *myself* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *M. Heintz* .....

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas*

**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.

State of Missouri  
County of St. Louis } ss.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 8 688  
Local Registrar's No. 2749

On this Mar day of 30th, 1942, before me appears Lee J. Sneed, who, upon His oath, states that the original record of Birth death for Benjamin N. Henderson died March 20th 1942, 19    , in the State of Missouri, and which was filed at St. Louis Mo. on March 27th 1942, should be corrected as follows:

- Item No. Six c. should read 32 Years  
Instead of 42 Years
- Item No. Seven should read August 7th 1895  
Instead of August 7th
- Item No.      should read       
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Error of undertaker

Affiant Lee J. Sneed Relationship undertaker  
2812 Thomas St.  
Present Address.

Subscribed and sworn to before me this 19 day of Aug, 1942

My Commission expires Mar 4-1945 Edna O Paddock Notary Public.

32  
cc

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

