S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22136

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 330

1. PLACE OF DEATH

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1027 Olive
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST-CHARLES
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 1027 Olive Street (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... D

3. (a) PRINT FULL NAME ARTHUR-HENDERSON

3. (b) If veteran, name war No
3. (c) Social Security No. .....

4. Sex Male 2
5. Color or race Colored
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1
6. (b) Name of husband or wife Francis Henderson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 6 (Month) 12 (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Cottelville Mo (City, town, or county) (State or foreign country) D
10. Usual occupation Day Laborer
11. Industry or business .....

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

MOTHER
14. Maiden name Madora 2
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Marie Scott
(b) Address 616 Kingshighway - St Charles Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Oak Lane Cemetary
18. (a) Signature of funeral director H. Dallmann & Sons
(b) Address 801 N 2nd - St Charles Mo
19. (a) June 10 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from June 4th 1942 to June 4th 1942 that I last saw him alive on June 4th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemia	2 days
Due to Chronic Interstitial nephritis	10 yrs
Due to Gen. Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No
Of autopsy No

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature G. P. Eisich Schuh (M. D. or other)
Address St Charles Mo Date signed 6/13/42

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2987

P. O. Address St Charles Mo

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.