S. No. 2
1—9-4-41
7. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25915

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7246

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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 021
(If outside city or town limits, write "RURAL")

(d) Street No. 3145a School St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Katie E. Hennington

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

3. (c) Social Security No. --

4. Sex Female

5. Color or race 3 Negro

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

6. (b) Name of husband or wife Edgar Hennington

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 9th. 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unavailable Bass
13. Birthplace " (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Edgar Hennington
(b) Address 3145a School St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis, Mo.

19. (a) AUG 30 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th.
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July 31st. 1942, 19 to August 27th. 1942
that I last saw her alive on August 27th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Septicemia

Due to Septic-Tonsilitis Non-diphtheretic

Due to

Other conditions
(Include pregnancy within 3 months of death) 115

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)
Address 822a N. Jefferson Ave. Date signed

(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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

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.