

S. No. 2
 UM-542
 v. 5-17-39
 I X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31931

State File No. _____

FILED OCT 21 1942

1003

Registrar's No. 8316

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 21 days
(Specify whether
 In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
12
 (c) City or town St. Louis, 8 22
(If outside city or town limits, write "RURAL")
 (d) Street No. 2838 N. Clark
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Fenderson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased Aug 12 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Haywood Fenderson

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

14. Maiden name Martha Agnew

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

16. (a) Informant H.W. Swant

(b) Address 714 Bayard st
Removal (b) Date thereof Oct 7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. L. Marshall

(b) Address 2205 Mo ave East St. Louis Ill
 19. (a) OCT 7 1942 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3,
 year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from August
12, 19 42 October 3, 19 42
 that I last saw him alive on October 3, 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arteriosclerosis</u>	<u>Unk.</u>
<u>Pulmonary Edema</u>	<u>2 days</u>
Due to <u>Arteriosclerotic Gangrene of right foot (Amputated)</u>	<u>6 mos.</u>

Due to _____
 Other conditions _____
(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?
(Specify type of place)

While at work? _____ (2) Means of injury _____

23. Signature C. R. Merry (M. D. or other) _____
 Address 2601 W. ... Date signed 10/5/42

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

MOTHER FATHER

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

Lyla Hughes

Licensed Embalmer No.

2938

P. O. Address

St Louis 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.