

FILED DEC 21 1942 318

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 10441

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 9 days (Specify whether  
In this community: 53 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000  
(c) City or town. St. Louis, (If outside city or town limits, write "RURAL")  
921  
(d) Street No. 3142 Sheridan (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME

Mamie Henderson

3. (b) If veteran, name war

No

3. (c) Social Security No.

None

4. Sex

Fem

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife

Unknown

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

7. Birth date of deceased

Abt. 1869  
(Month) (Day) (Year)

8. AGE:

Years Abt. 73 Months Days If less than one day  
hr. min.

9. Birthplace

Natchez  
(City, town, or county)

Mississippi  
(State or foreign country)

10. Usual occupation

Nil

11. Industry or business

MOTHER FATHER

12. Name

Richard H. Taylor

13. Birthplace

Natchez  
(City, town, or county)

Mississippi  
(State or foreign country)

14. Maiden name

Ruthie (Unk)

15. Birthplace

Natchez  
(City, town, or county)

Mississippi  
(State or foreign country)

16. (a) Informant

Virginia Moore

(b) Address

4458a Easton Avenue

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof. 12/16/42  
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Peters Cemetery

18. (a) Signature of funeral director

J. E. Smith

(b) Date

DEC 15 1942

19. (a)

(Date received local registrar)

(b) J. E. Smith  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

December day 11,

year 1942 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from December  
2, 19 42 December 11, 19 42;

that I last saw her alive on December 11, 19 42;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerosis  
Arteriosclerotic Heart Disease  
with Decompensation

Duration  
Unk.  
Unk.

Due to

Due to

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

Major findings:  
Of operations

Of autopsy

PHYSICIAN  
Unk.  
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 J. E. Smith (M. D. Unk.)  
Address 2601 Whittier Date signed 12/14/42

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

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**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.....

*W. M. Green*

Licensed Embalmer No.....

1173

P. O. Address.....

3517 Soledad 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.**