

FILED FEB 2 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

757
63
MR

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital.**
(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..... **Missouri.** (b) County.....
(c) City or town..... **Vienna.**
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Charles M. Henderson**
3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23rd,**
year **1943.** hour **3** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **1-10-43**
19..... to **1-23-43**, 19.....
that I last saw him alive on **1-23-43**, 19.....
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced, **Married.**
6. (b) Name of husband or wife..... **Lucy Henderson** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased..... **July 19th, 1883.**
(Month) (Day) (Year)

Immediate cause of death..... **Recurrent carcinoma of colon**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
59 **6** **4**
..... hr. min.

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?
While at work?..... (Specify type of place) (e) Means of injury.....

9. Birthplace..... **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....
12. Name..... **Albert Henderson**
13. Birthplace..... **Unknown Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lucy Henderson**
(b) Address..... **Vienna Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 26, 43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Vienna Missouri**

18. (a) Signature of funeral director..... **Ziegenheim Bros.**
(b) Address..... **6408 Gravois Ave.**

19. (a) **JAN 26 1943** (b) **J. J. Budeck**
(Date received local registrar) (Registrar's signature)

23. Signature..... **Richard Henderson** (M. D. or other).....
Address..... **3657 Grand Ave** Date signed **1/25/43**

Duration **1 yr**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 E Morris*

Licensed Embalmer No. *3360*

P.O. Address: *6409 Granville*

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.