

FILED MAR 25 1943
Registration District No.

Primary Registration District No.

Registrar's No. 2535

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:
2723 1/2 Elliott Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2723 1/2 Elliott Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Lee Henson

3. (b) If veteran, name war None (c) Social Security No. 494-09-3758

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice Henson 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 25th, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 6 20 hr. min.

9. Birthplace Piedmont, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Unemployed

12. Name Hilman Henson

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

14. Maiden name Cynthia Clark
(City, town, or county) (State or foreign country)

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

16. (a) Informant Eunice Henson

(b) Address 2723 1/2 Elliott Ave.

17. (a) Burial (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) MAR 16 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th Mar. day Mar 15
year 1943 hour 1.0 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 16
1943 to Mar. 15, 1943

that I last saw him alive on Mar. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to

Due to

Other conditions 1/24
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?

Duration

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.....

A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.