

S. No. 2
A-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16196
State File No. 16196
Registrar's No. 4943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: CITY SANITARIUM 2
(d) Length of stay: In hospital or institution 57 yrs.
In this community 57 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State Missouri (b) County 000
(c) City or town City Infirmery 913
(d) Street No. 5800 Arsenal St
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT HENDERSON
(b) If veteran, name war - (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1943 hour 9:00 minute P.M.
21. I hereby certify that I attended the deceased from 7-1-1936 to May 14, 1943
that I last saw him alive on May 14, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive years 1882
7. Birth date of deceased August 1 1882 (Month) (Day) (Year)

Coronary Occlusion 5-14-43
Due to Arteriosclerosis 1936X
Due to 94
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 60 Months 9 Days 13 If less than one day hr. min.

9. Birthplace unknown Illinois (City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business -

MOTHER FATHER
12. Name John Henderson
13. Birthplace England (City, town, or county) (State or foreign country) 4
14. Maiden name unknown 2
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

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?

16. (a) Informant Helma A. Singler
(b) Address 5300 Arsenal St
17. (a) Place of burial or cremation St. Louis
(b) Date of burial or cremation 5-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. K. Kuster
(b) Address 3500
19. (a) Date received local registrar MAY 20 1943 (Date received local registrar)
(b) Registrar's signature J. J. [Signature]

23. Signature M. D. Moore (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 5/15/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.