

19679

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 13 1943

318

Primary Registration District No. 1003

Registrar's No. 6117

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1916 Goode Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1916 Goode Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Enoch Henderson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1943 hour 9 minute 10 P. M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Henderson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 13, 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 13, 1933 to July 2, 1943 that I last saw him alive on July 1st, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 8 19 hr. \_\_\_\_\_ min.

Immediate cause of death Parochymatous nephritis Duration 7 Mo

Due to Due to age of deceased - nephritis

Due to of chronic nature

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy no

11. Industry or business \_\_\_\_\_

12. Name Hezekiah Henderson

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

14. Maiden name Nancy Unavailable

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

16. (a) Informant Alice Henderson

(b) Address 1916 Goode Avenue

17. (a) Burial (b) Date thereof July 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) Jul 6 1943 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature J. F. Predeck (M. D. or other)

Address Lovejoy, Illinois. Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

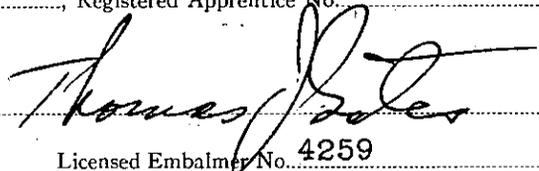
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Thomas J. Gates**.....

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**.....

P. O. Address **4107 Finney Avenue**.....

**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.**