

S. No. 2
M-547
5-17
I X32873

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7331**

Registration District No. **318** Primary Registration District No. **1003**

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

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: **Enroute Homer Phillips 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. **30 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis** **17**
(If outside city or town limits, write "RURAL") **0 91**

(d) Street No. **2341 Pine St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Elvis Henderson**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** **5. Color or race** **2 Negro** **6. (a) Single, widowed, married, divorced** **Single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased. **Feburay 3rd 1906**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	6	9	hr. _____ min.

9. Birthplace **Hickman Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Labor**

11. Industry or business **Brick Yard**

MOTHER FATHER

12. Name **Percie Henderson**

13. Birthplace **Union City Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Inze Stray**

15. Birthplace **Hickman Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Inze Henderson**

(b) Address **2337 Pine St.**

17. (a) Burial _____ **(b) Date thereof** **8/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Greenwood Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**

(b) Address **3035 Lucas Ave.**

19. (a) **AUG 14 1943** **J. F. Predest**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17**
year **1943** hour **2:20** minute **a** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: **Internal hemorrhage from stab wound of left lung and aorta with knife in hands of Maggie Smith (col) at the Grand Central Hotel about 2:00 am. Aug 12 - 1943**

Due to _____

Due to _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) **Justifiable Hom**

(b) Date of occurrence **8-12-43**

(c) Where did injury occur? **St Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Hotel**
(Specify type of place)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **Alfred Perry** **(M.D. or other)**
Alfred Perry **Date signed** **8/17/43**

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 Hutton E. Culkin.....

Licensed Embalmer No. 4198.....

P. O. Address St. Louis 13, Mo.....

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.