

ED SEP 17 1943

**318**

**1003**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis Children's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**  
(c) City or town **East St. Louis, Ill.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **448 No. 22nd Street** (If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Michael Joseph Henderson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widow, 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. **August 1 1943**  
(Month) (Day) (Year)

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

9. Birthplace **East St. Louis - Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labr.**

11. Industry or business.....

12. Name **Michael J. Henderson**

13. Birthplace **East St. Louis - Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Kopytko**

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

16. (a) Informant **Michael J. Henderson**

(b) Address **448 No. 22nd Street**

17. (a) **Removal** (b) Date thereof **Sept. 4 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Bernard's**

18. (a) Signature of funeral director **S. M. Suenkel**

(b) Address **2218 State St., East St. Louis, Ill.**

19. (a) **5-17-43** (b) **J. J. Bredert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **4**  
year **1943** hour **9:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **9-1**, 1943, to **9-4**, 1943

that I last saw him alive on **9-1**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Circulatory Collapse**

Due to **Following Diarrhea**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) **11/9**

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?..... (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.....

23. Signature **R. J. Bluthner** (M. D. or other)

Address **500 So. Kingshighway** Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8050

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben. H. Baldurin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis 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.