

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5236**
1778
Registrar's No.

FILED MAR 6 1943 18
Registration District No.

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County.....

(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:
2332 1/2 COMPTON 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..... 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON

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

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JESSIE HENDERSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ROBERT HENDERSON

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased DEC 7 1887
(Month) (Day) (Year)

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

56 2 15 hr. min.

9. Birthplace PENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business OWN HOME

MOTHER FATHER { 12. Name WILLIAM HARVEY

13. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name KATE HANCOCK

15. Birthplace PENN. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Henderson

(b) Address Troy Illinois

17. (a) Removal (b) Date thereof Feb. 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY ILLINOIS

18. (a) Signature of funeral director Jewel E. Edwards

(b) Address Troy Ill

19. (a) FEB 23 1943 (b) J. F. Buleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 22
year 1944 hour 8 minute 00 P.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 Cerebral apoplexy

Due to.....

Due to.....

Other conditions (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).....

(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 3

23. Signature Alfred J. Perry (Date signed 2/27/43)
Address St. Louis, Mo. (Date signed 2/27/43)

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

Jewel S. Edwards

Licensed Embalmer No. 3548 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.