

FILED MAY 25 1944

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **8 days**
(Specify whether
In this community **20 years**
years, months or days)

3. (a) PRINT FULL NAME **Mary E. Henderson**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Philip Henderson** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June 20, 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	10	27	hr. min.

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

10. Usual occupation **Housewife at home**

11. Industry or business

12. Name **Albert Gotham**

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

14. Maiden name **Amelia Tyson**

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

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

(b) Address **8617 Minnesota**

17. (a) **Burial** (b) Date thereof **May 20, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Avenue**

19. (a) **MAY 19 1944** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8617 Minnesota**
(If rural, give location)
(e) Citizen of foreign country? **---** (Yes or No)
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **May** day **17th**
year **1944** hour **8** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **April 19, 1944** to **May 17, 1944**
that I last saw her alive on **May 17, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute Appendicitis** Duration **4 weeks**

Due to **Multiple Intra Abdominal adhesions**

Due to **Chronic Hepatitis 2 yrs**

Other conditions **Arterio Sclerotic heart disease**
(Include pregnancy within 3 months of death) **2 yrs**

Major findings **Post operative circulatory changes**

Of operations **Same as above**

Of autopsy **12/1/2**

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 **J. A. Sullivan**

Address **421 N. Schurmer** Date signed **May 17, 44**

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

MOTHER - FATHER

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

Clara E. Bender

Licensed Embalmer No.

4148

P. O. Address.....

Lanham, 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.