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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35966

State File No.

Registration District No. 242 Primary Registration District No. 1003 Registrar's No. 10019

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minuts (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2813 Shenandoah Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE W. HENDERSON

3. (b) If veteran, name war None

3. (c) Social Security No. 492-01-9880

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie F. (Nee Monroe)

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

7. Birth date of deceased June 1, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	5	22	hr. min.

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

10. Usual occupation Foreman

11. Industry or business St. Louis Car Co.

FATHER
12. Name Not Known
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie F. Henderson
(b) Address 2813 Shenandoah Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) NOV 25 1944 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 10, 19, to Nov. 23, 19 44; that I last saw him alive on Nov 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature R. Berg (M. D. ~~or other~~)
Address 2 W Nebraska Date signed 4/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietle

Licensed Embalmer No. 4329

P. O. Address 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.