. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11327

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3502

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 6 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2824a Delmar
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Henderson

3. (b) If veteran, name war none,

3. (c) Social Security No. none,

4. Sex Male 9

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Ida Henderson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 2nd (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	9	15	hr. min.

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

10. Usual occupation ~~Labor Attendant~~ Janitor

11. Industry or business Washington University,

FATHER
12. Name Theo Henderson,
13. Birthplace Texas. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Fields,
15. Birthplace Texas. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Henderson
(b) Address 2824a. Delmar, Bl'vd, StLouis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/45. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery,

18. (a) Signature of funeral director [signature]
(b) Address 2812 Thomas, St, StLouis. (6) Mo.

19. (a) APR 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1945 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 4, 1945 to April 17, 1945 that I last saw him alive on April 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonarytuberculosis (far advanced)	Undet.
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address 860 Whittier Date signed 4/19/45

(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 .....

Myself ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... [signature] .....

Licensed Embalmer No. 2266

P. O. Address 2412 Thomas St Steuil (D) 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.