

FILED DES 318 1945

Registration District No. _____

Primary Registration District No. _____

1003

X35637

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Leather Henderson

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

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 1 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER { 12. Name Sie Davis

13. Birthplace Yazoo Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Nora Warren

15. Birthplace Yazoo Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Lee Gordon

(b) Address 1210 Jones St.

17. (a) Removal (b) Date thereof 11-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yazoo, Miss.

18. (a) Signature of funeral director Chas. J. Gates
4107 Finney Ave.

(b) Address _____

19. (a) NOV 27 1945 (b) J. F. Brundish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4181 Delmar
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1945 hour 8 minute 59 P.M.

21. I hereby certify that I attended the deceased from 11-18, 1945 to 11-23, 1945; that I last saw her alive on 11-23-45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions 8 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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? Yes (Specify type of place) _____ (e) Means of injury Car

23. Signature W. B. Bernard (M. D. or other) _____
Address 2007 N. Whittier Date signed 11/26

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

.....Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Thomas J. Gates.....

Licensed Embalmer No.....4259.....

P. O. Address.....4107 Finney Ave......

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.