S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38496

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2717

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Robertson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Summitt Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Robertson 0
(If outside city or town limits, write "RURAL")
(d) Street No. Summitt Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Henderson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Francis T

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct (Month) 15 (Day) 1888 (Year)

8. AGE: Years 57 Months 1 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Nolan
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) U

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) U

16. (a) Informant Francis T. Henderson /
(b) Address Robertson, Mo. Gen Del.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Bauman Bros Mo.
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 12 1-45 (Date received local registrar) (b) E G McGarrah MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1945 hour 2 minute 00 A M.

21. I hereby certify that I attended the deceased from Nov. 1st, 1943, to Nov. 27th, 1945 that I last saw her alive on Nov. 26th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	7 days
Due to 108	
Due to Goiter	20 yrs
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs

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 H. T. Coleman MD (M. D. or other)
Address Pattonville Mo Date signed Nov. 28. 45.

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1965

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 Harold K. Brown

Licensed Embalmer No. 4-337

P. O. Address Overland, 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.