

No. 5-17-39
1. X36671

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **ST LOUIS MO**
(b) City or town **ST LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2208 R. DICKSON ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 YRS 4 MO** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **INEZ L. HENDERSON**

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

4. Sex **FEMALE** 5. Color or race **COLO** 6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **FRANK HENDERSON** 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **abt 10 72**
(Month) (Day) (Year)

8. Age: **about 74** Years Months Days If less than one day hr. min.

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

10. Usual occupation **HOUSE KEEPER**

11. Industry or business

MOTHER FATHER { 12. Name **NED ALLEN**
13. Birthplace **Charleston S.C.** (City, town, or county) (State or foreign country)
14. Maiden name **MARIAH SMITH**
15. Birthplace **MISS.** (City, town, or county) (State or foreign country)

16. (a) Informant **Waldred Bibbs**

(b) Address **2208 R. DICKSON ST**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-26-1946** (Month) (Day) (Year)

(c) Place: burial or cremation **WASHINGTON PARK CEM**

18. (a) Signature of funeral director **Howell Imp Co.**
(b) Address **2934 Sample St**
19. (a) **FEB 25 1946** (b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **—** **000**
(c) City or town **ST LOUIS** **21 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2208 R. DICKSON ST.** **9**
(If rural, give location)
(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **U.S.A**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **20TH**
year **1946** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **MAR 15**, 19**46**, to **Feb 20**, 19**46**
that I last saw her alive on **2-20**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**
hypertension
Due to **hypertension**
Due to **85**

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) (c) Means of injury
23. Signature **William F. Tucker M.D.**
Address **4503 Page** Date signed **2-21-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0430

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

Chas. L. Howell

Licensed Embalmer No.

2457

P. O. Address

2834 Hamble

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.

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:

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

3. (a) PRINT FULL NAME Inez Henderson

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
aft 74 hr, min:

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) C. J. F. Bredek
MAR 13 1948

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Day 10
Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

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?
While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

7530