

FILED MAR 20 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2277

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4247 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Milton Henderson

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lizzie Henderson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 6th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 1 hr. min.

9. Birthplace Morgan Co. Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pullman Porter

11. Industry or business R.R.

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

16. (a) Informant Lizzie M. Henderson

(b) Address 4247 E. Cook Ave.

17. (a) Burial (b) Date thereof 3/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 8 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1946 hour 23 minute 21 am.

21. I hereby certify that I attended the deceased from 2/24/44, 19, to 3/7/46, 19, that I last saw him alive on 3/7/46, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy clinical

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) (c) Means of injury
23. Signature Estline D. Stinson M. D. or other M. D.
Address 3100 Lucas Ave. Date signed 3/8/46

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

10102

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..... 

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.