No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2613
1113

Registration District No. 318 Primary Registration District No. 100 Registrar's No.

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: 3823 BELL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 21 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Same
(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 3823 BELL (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)?
If yes, name country

3. (a) PRINT FULL NAME: LETHA HENDRICK
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) 16 (Day) 1881 (Year)

8. AGE: Years 62 Months 10 Days 15 If less than one day hr. min.
9. Birthplace: PINE BLUFF, ARKANSAS (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: NONE
FATHER 12. Name: GEORGE GRAHAM
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: VINETTA GRAHAM
15. Birthplace: UNKNOWN (City, town, or country) (State or foreign country)
16. (a) Informant: Karl Albert Henderson
(b) Address: 3823 BELL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: WASHINGTON PARK
18. (a) Signature of funeral director: BOYD BROS
(b) Address: 3704 FINEY
19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Brescock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 1 year 1948 hour 4:30 AM minute M.
21. I hereby certify that I attended the deceased from JAN 29 1948 to FEB 1 1948 and that I last saw him alive on FEB 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY HEART DISEASE — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: William R. Bichelmeyer M.D.
Address: 4503 Page Date signed: 2/2/48

Jefferson City Printing Co. (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 Gillet G. Vat, Registered Apprentice No. 107, working under my personal supervision.

Signed R Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 45 48th Pagl

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.

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