

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20956

Registration District No. 318

Primary Registration District No. 1005 Registrar's No. 5953

1. PLACE OF DEATH:

(a) County St. Louis
 (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:
2617 R Franklin Ave.
 (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 Gertrude HENDERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col.
 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 May 11th, 1874.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 20 _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Domestic

11. Industry or business _____

12. Name Jacob Lambert
 13. Birthplace ? Ky.
 (City, town, or county) (State or foreign country)
 14. Maiden name Susie Wells
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Olivia Williams(b) Address 2717 R. Franklin Ave.

17. (a) Burial (b) Date thereof 7-8-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Ellis Fun. Home(b) Address 2820 Stoddard St

19. (a) JUL 3 1948 J. F. Bredack
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2617 a R. Franklin Ave.
21 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
 year 1948 hour 3/45 minute A. M.

21. I hereby certify that I attended the deceased from June 30 to July 1st
 1948 to 1948
 that I last saw him alive on July 1st and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

yearDue to 93d

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) (Means of injury)

23. Signature J. T. Adrich (M. D. or other) _____
 Address 2617 R. Franklin Ave. Date signed 7-1-48

APR 6 1949

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 137

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.