

10-47
17-39
I 3908

FILED AUG 23 1948
Registration District No. **1003**

Primary Registration District No. **1003**

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

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:
Storer & Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 32 years

3. (a) PRINT FULL NAME Lena Henderson

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 8, 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months II Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Squire Tansil

13. Birthplace Sharon, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Jones

15. Birthplace Sharon, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant George Tansil

(b) Address 1805 A. N. Garrison Ave.

17. (a) Burial (b) Date thereof Aug. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin, Tenn.

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 300 Easton Ave.

19. (a) AUG 12 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1706 A. Division 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1948 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Carcinoma of Lungs
Carcinoma of Rt. Breast

Due to Primary site-breast

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 _____ (Specify type of place)

23. Signature Arthur E. Taylor (Physician)
Address St. Louis Date signed 8/12/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Arthur L. Helliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Fermina

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.