FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31086

FILED SEP 20 1948

Registration District No. 948

Primary Registration District No. 1003

Registrar's No. 7974

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

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 6 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 997

(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")

(d) Street No. 403 So. 4th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BABY HENDERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 8 (Day) 1948 (Year)

8. AGE: Years -- Months -- Days -- If less than one day 6 hr. min.

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

10. Usual occupation Infant

11. Industry or business None

FATHER
12. Name Homer Henderson
13. Birthplace Grand Chain (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Helen Turner
15. Birthplace St. Francesville (City, town, or county) La. (State or foreign country)

16. (a) Informant Homer Henderson
(b) Address 403 So. 4th St., Brooklyn, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J L Marshall
(b) Address 2205 Missouri, E. St. Louis, Ill.

19. (a) SEP 11 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1948 hour 12 minute 0 P M.

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

	Duration
Immediate cause of death Asphyxia	
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 0

23. Signature Edgar F Allerton (M. D. or other) M.D.

Address 930 N 2 Alt Date signed 9/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOT EMBALMED

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas Marshall Watson

Licensed Embalmer No. 4479

P. O. Address St Louis, Mo.

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.