No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38213

FILED NOV 21 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9795

1. PLACE OF DEATH:

(a) County

(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: 1714 N. 11th Street
(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)

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. 1714 N. 11th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice Henderson

3. (b) If veteran, name war X

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 6 (Day) 1882 (Year)

8. AGE: Years 66 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Dorsey, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Martin Berdine
13. Birthplace Dorsey, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hanna Berdine
15. Birthplace Dorsey, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Freeman
(b) Address 3712 Finney Ave.

17. (a) Dorsey, Miss. (Burial, cremation, or removal) (b) Date thereof Nov. 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director Boyd Bros. Fun. Home
(b) Address 3704 Finney Ave.

19. (a) NOV 11 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9th
year 48 hour unknown minute 1A M.

21. I hereby certify that I attended the deceased from 11-1-48, 19, to 11-9, 19 48
that I last saw her alive on 11-8-48, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-Carditis

Due to

Due to

Other conditions Hypertension, Rheumatism
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1015 N. Jamison Date signed 11-11-48

(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 Gilbert H. Sato, Registered Apprentice No. 103, working under my personal supervision.

Signed Edward A. Figns

Licensed Embalmer No. 1444

P. O. Address 4548 S. Page Blvd

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.

Lucas 7664