

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
6267
1804

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5512 Maple</u>		d. STREET ADDRESS (If rural, give location) <u>5512 Maple</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Mary</u> b. (Middle) <u>Bennetta</u> c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1949</u>					
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Feb. 9, 1849</u>	9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gallatin, Texas</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Wm. McMurray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Van Sinderin Henderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. D. Henderson, 5512 Maple</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Senile Arteriosclerotic Cardiovascular disease</u>		<u>Many years</u>
	DUE TO (c) <u>Old Age</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 4 January, 1949, to 25 Feb., 1949, that I last saw the deceased alive on 23 Jan., 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Ernst Jensen, M.D.</u>	23b. ADDRESS <u>Missouri Theatre Bldg.</u>	23c. DATE SIGNED <u>25 Feb 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>FEB 25 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Lancaster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Sons</u>	ADDRESS <u>6175 - Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Jensen 345
1140 No The Body

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Jos. E. McCulloch* _____

Licensed Embalmer No. *2960* _____

P. O. Address *6175 Dillman* _____

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.