

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31829

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8144**

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 000 | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (In this place) 43 yrs | | d. STREET ADDRESS (If rural, give location) 11 4247 E. Cook Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4247 E. Cook Avenue | | | |
| 3. NAME OF DECEASED a. (First) Mae (Type or Print) | | b. (Middle) Frances c. (Last) Henderson | |
| 4. DATE OF DEATH (Month) (Day) (Year) 9/17/49 | | | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 12/31/05 |
| 9. AGE (In years last birthday) 43 | 10. UNDER 1 YEAR Months | 11. UNDER 2 HRS. Hours | 12. UNDER 2 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher | 10b. KIND OF BUSINESS OR INDUSTRY Public Schools | 11. BIRTHPLACE (State or foreign country) Limestone Co., Alabama | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Milton Henderson | 13b. MOTHER'S MAIDEN NAME Lizzie Mae Danny | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Lizzie Mae Henderson, 4247 E. Cook | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 58 | |
| 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? 170X | |
| 22. I hereby certify that I attended the deceased from 7/24 , 19 49 , to 9/19 , 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:40 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE W.C. Speed M.D. (Degree or title) | | 23b. ADDRESS 2337 Market Street | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/20/49 | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
| DATE REC'D BY LOCAL REG. SEP 20 1949 | REGISTRAR'S SIGNATURE J.B. Lauder | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue | |

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 *Frederick Oster*

Licensed Embalmer No. ~~4476~~ *4259*

P. O. Address 4107 Finney Avenue

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.