

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42570
10713
State File No. Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SMO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2919 HOWARD ST		d. STREET ADDRESS (If rural, give location) 2919 HOWARD ST	
3. NAME OF DECEASED a. (First) MAJOR b. (Middle) c. (Last) HENDERSON		4. DATE OF DEATH (Month) (Day) (Year) 12 10-1949	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 6, 1896
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) GREENVILLE, MISS
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME MAJOR HENDERSON		13b. MOTHER'S MAIDEN NAME MOLLIE BREEDLOVE	
14. NAME OF HUSBAND OR WIFE LULA HENDERSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lula Henderson 2919 Howard	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Probably Familial 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 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) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? B.S.I.X			
22. I hereby certify that I attended the deceased from April 1949 to Dec 10, 1949 , that I last saw the deceased alive on Dec. 10, 1949 , and that death occurred at 8:42 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Krisell W. White, M.D.		23b. ADDRESS 2424 N. Sarah St	
23c. DATE SIGNED 12-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-15-49	
24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO	
DATE REC'D BY LOCAL REG. DEC 13 1949		REGISTRAR'S SIGNATURE J. B. Foster	
25. FUNERAL DIRECTOR'S SIGNATURE A.F. WALTON		ADDRESS 2107 STODDARD ST	

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

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

Arthur L. Heilbeid

Licensed Embalmer No.

4221

P. O. Address

4049 St Jerdona

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.