

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42572

State File No. \_\_\_\_\_

BIRTH NO. 75753-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1272

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Children's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>25 1420 N 11<sup>th</sup> St</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Virginia</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Henderson</u>	(Month) <u>12</u>	(Day) <u>7</u>	(Year) <u>49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>11</u>	8. DATE OF BIRTH <u>10-31-49</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>11 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>	
13a. FATHER'S NAME <u>James Henderson</u>			13b. MOTHER'S MAIDEN NAME <u>Bernice Jones</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St Louis Children's Hosp.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease, pulmonary atresia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>37 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) <u>101</u>	
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? <u>7.5 Act</u>	

22. I hereby certify that I attended the deceased from 12-5, 1949, to 12-7, 1949, that I last saw the deceased alive on 12-7, 1949, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Gilbert B. Forbes</u>		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>DEC 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State)	

DATE RECD BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. B. Forster</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u>		ADDRESS <u>4104 Manchester</u>	
-------------------------	--	---	--	--	--	-----------------------------------	--

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

DEC 31 1949

(Licensed Embalmer's Statement on Reverse Side)

Ro 4100

---

---

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.