

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1953

State File No. **7630**
1258

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 MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 30 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5023 EMERSON AVE				d. STREET ADDRESS (If rural, give location) 5023 EMERSON AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) BELLE c. (Last) HENDERSON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2ND. 1953				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY, 20TH 1874		9. AGE (In years last birthday) 78 YRS. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRA: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE.		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME		11. BIRTHPLACE (City and State or Foreign Country) MILLERSVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN-HOWARD.			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JAMES. HENDERSON. <DECD.>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Rooney 5023 Emerson			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident INTERVAL BETWEEN ONSET AND DEATH 6 hrs ANTECEDENT CAUSES DUE TO (b) Generalized arterio-sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Jan 19, 1953 , to Feb 1, 1953 , that I last saw the deceased alive on Jan 31, 1953 , and that death occurred at 1:30A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald E. Etkin M.D.				23b. ADDRESS 3121 N. Grand St. St. Louis, Mo.		23c. DATE SIGNED 2/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 4TH 1953	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN-CEMETERY.		24d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO.		
DATE REC'D BY LOCAL REG. FEB 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McBrockland Und. Co. 1827-HOGAN-ST.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Fred J. Lamm

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

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.