

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13545

State File No. \_\_\_\_\_  
Registrar's No. **3928**

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 <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>E. St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Inf.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LOUISE</b> c. (Last) <b>HENDERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 25 1954</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11/23/1917</b>
9. AGE (In years last birthday) <b>36</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clarksdale, Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Unknown</b>	
14. MOTHER'S MAIDEN NAME <b>Unknown</b>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO.	
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) <b>Malignant Hypertension</b> <b>Toxic Anemia</b> 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.	
20. INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <b>4-13, 1954</b> , to <b>4-24, 1954</b> , that I last saw the deceased alive on <b>4-23, 1954</b> , and that death occurred at <b>2:30 A. m.</b> , from the causes and on the date stated above.			
31. SIGNATURE <b>R. L. Brink M.D.</b> (Degree or title)		32. ADDRESS <b>11 N. Jefferson St. Louis</b>	
33. DATE SIGNED <b>4-30-54</b>		34. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	
35. DATE <b>4/30/54</b>		36. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>	
37. LOCATION (City, town, or county) (State) <b>Centreville Twp., Ill.</b>		38. FUNERAL DIRECTOR'S SIGNATURE <b>R.M.G. Green Funeral Home</b> ADDRESS <b>E. St. Louis</b>	
39. DATE REC'D BY LOCAL REG. <b>APR 30 1954</b>		40. REGISTRAR'S SIGNATURE <b>R. C. Smith M.D.</b>	

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

DEC 6 1955

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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.....  
Signature of Student Embalmer

Signed *Melvin E. Gre*

Licensed Embalmer No. *44*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.