

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3757**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
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>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>enroute to City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2250 2648 St. Vincent Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Anderson</b> c. (Last) <b>Henson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-24-54</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 7 1883</b>	9. AGE (in years last birthday) <b>70</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Street Car Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>George W. Henson</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Carroll</b>		14. NAME OF HUSBAND OR WIFE <b>Lura Lee Henson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <b>No</b>		16. SOCIAL SECURITY NO. <b>493-10-9449a</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lura L. Henson</b>		ADDRESS <b>2648 St. Vincent Ave.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema due to Cardiac decompensation</b>	DUE TO (b) <b>due to arteriosclerotic cardiac disease</b>			<b>12 h. + ups</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5 week 400x</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <b>H20.0</b>	(COUNTY)	(STATE)
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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?
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22. I hereby certify that I attended the deceased from **3-19-1952**, **1952**, to **4-23-**, **1954**, that I last saw the deceased alive on **4-23-**, **1954**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Norman G. Miller MD</b> (Degree or title)		23b. ADDRESS <b>4960 Laclede Ave.</b>		23c. DATE SIGNED <b>4-24-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Richland, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>APR 26 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe Inc.</b>		ADDRESS <b>4700 Washington</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *E. L. ...* .....

Licensed Embalmer No. *428* .....

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.