

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18006**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3926**

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 Mo** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2331^A Hickory St.**
e. STREET ADDRESS (If rural, give location) **22 2331^A Hickory St 2229**

3. NAME OF DECEASED (Type or Print) a. (First) **AARON** b. (Middle) _____ c. (Last) **HENDERSON JR.** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 18 1956**

5. SEX **MALE** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **C** 8. DATE OF BIRTH **OCT. 15 1954** 9. AGE (In years last birthday) Months Days Hours Min. **1 6 3**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **AARON Henderson** 13b. MOTHER'S MAIDEN NAME **CARRIE JEAN BATTIA** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **CARRIE JEAN HENDERSON 2331^A Hickory**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Interstitial Pneumonitis** INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **with pleuritis left lung**

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 NO **525X**

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph M. Jochen** (Signer or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4/20/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **4-23-56** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park St. Louis County Mo** 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **APR 20 1956** REGISTRAR'S SIGNATURE **Charles Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **S. J. WATSON 2769 Chouteau**

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.....
Signature of Student Embalmer

Signed.....

S. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Chad

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.