

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

STATE FILE NUMBER 1003 REGISTRAR'S NO 6015

Registration District No. 318 Primary Registration District No.

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS, MISSOURI TOWN		c. CITY OR TOWN <i>St Louis 20th</i> Inside Limits Yes () No ()	
c. FULL NAME OF (If NOT in hospital, give location) ST. LOUIS CITY HOSPITAL #1. Length of stay in 1b		d. STREET ADDRESS <i>6616 Hamilton</i> (If outside, give location) Reside on Farm Yes () No ()	
3. NAME OF DECEASED (Type or print) BERNARD HENDERSON First Middle Last			4. DATE OF DEATH JUNE 26, 1956 Month Day Year
5. SEX <i>M</i>	6. COLOR OR RACE <i>Wh.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 16 - 1896</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self employed</i>	11. BIRTHPLACE (City and state or country) <i>Iowa</i>
13. FATHER'S NAME <i>Frank Henderson</i>		14. MOTHER'S MAIDEN NAME <i>Mrs Haley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give unknown) (If yes, give war or dates of service) <i>Yes Star I</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Lillian Henderson</i> Address <i>6616 Hamilton</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Quadrantal ulcer with obstruction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>5410</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year <i>a. m. p. m.</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>6/19/56</i> to <i>6/24/56</i> and last saw her alive on <i>6/24/56</i> Death occurred at <i>3:10 p.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Taylor M.D.</i> (Degree or title)		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	
		22c. DATE SIGNED <i>6/25/56.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 27 - 56</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>National Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis Mo.</i>	
24. GENERAL DIRECTOR ADDRESS <i>Louis H. Boffone Kirk.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 26 1956</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			

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..... *W E Morris*

Licensed Embalmer No. *33*

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.