

XC-19 784 573

Reg. 16904
SL-10231

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

28524

STATE FILE NUMBER

Registrar's No. 7292

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ALTON 8120 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1615 MARKET STREET
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS HENDERS ON			4. DATE OF DEATH Month Day Year 8-6-56			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-30-00		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMELTER		10b. KIND OF BUSINESS OR INDUSTRY LEAD COMPANY		11. BIRTHPLACE (City and state or country) BATON ROUGE, LOUISIANA		
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME THOMAS HENDERSON			
14. MOTHER'S MAIDEN NAME ALICE BELL			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2			
16. SOCIAL SECURITY NO. 330 18 9684		17. INFORMANT Address VA Hosp. Records, 915 N. Grand, St. Louis				

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF PROSTATE WITH GENERALIZED METASTASES		INTERVAL BETWEEN ONSET AND DEATH 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) HYDRONEPHROSIS DUE TO METASTASES FROM PROSTATE		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.) 177X	
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.		
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, **VA** attended the deceased from **8-9-56** to **8-6-56** and **YOUNG DRUG STORE** Death occurred at **7:25 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Hy. Westphal** (Print name)
Westphal

22b. ADDRESS **VA Hospital 915 N. Grand, St. Louis, Mo.**

22c. DATE SIGNED **8-6-56**

23a. FULL CREMATION REMOVAL (Specify)	23b. DATE 8/7/56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Alton, Ill.
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. AUG 6 1956	26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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-56
 Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. 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.

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 *M. Edwin G. Green*

Licensed Embalmer No. *447*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.