

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

32095

FILED SEP 26 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8191**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Adams		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri			c. CITY OR TOWN Quincy		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			d. STREET ADDRESS (If outside, give location) 2450 College		
3. NAME OF DECEASED (Type or print) First James A. Middle Henderson, Last M. D.			4. DATE OF DEATH Month September Day 2 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. ? 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 4 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brooklyn, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Henderson			14. MOTHER'S MAIDEN NAME Anne Cauthers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W. W. 2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Tillie Henderson, Quincy, Illinois		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aspiration of stomach contents Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) drug addiction (acute brain syndrome) DUE TO (c) diabetes					INTERVAL BETWEEN ONSET AND DEATH immediate unknown unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
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 5:40 Month p. m. Day 2 Year 1956		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 9-1-56 to 9-2-56 and last saw him alive on 9-2-56 Death occurred at 5:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In free or title) [Signature]			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9-3-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-3-56	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Brooklyn, New York.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. SEP 4. 1956	26. REGISTRAR'S SIGNATURE [Signature]		

SEP 26 1956

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 *Stanley H. Dike*.....

Licensed Embalmer No. *46*.....

P. O. Address *St. Louis*.....

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