

Health,  
& Welfare  
S. Public  
Health Service

S. 300  
v. 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

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

47565

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No. 12768

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>St. Marys INF</b>			Length of stay in lb		STREET ADDRESS <b>189 3139 Rutger ST</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Tom (Thomas) Henderson</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>31</b> Year <b>57</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Co 1</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Apr 4 1897</b>		9. AGE (In years last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Indpendant Packing Co</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher</b>		11. BIRTHPLACE (City and state or country) <b>Starksville Miss</b>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Allen Henderson</b>				14. MOTHER'S MAIDEN NAME <b>Elisa Person</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No NO</b>			16. SOCIAL SECURITY NO. <b>490 -01-8728</b>		17. INFORMANT Address <b>Tom Henderson, Jr 3139 Rutger</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio-sclerotic Heart Disease</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>420.0</b>							INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>		
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 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 attended the deceased from <b>12/28/57</b> to <b>12/31/57</b> and last saw him alive on <b>12/31/57</b> . Death occurred at <b>130 1/2 31st</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Dr. J. J. [Signature]</b>			22b. ADDRESS <b>3136 Chautau</b>			22c. DATE SIGNED <b>1/2/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Jan 5-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) <b>St. Louis County</b>			
24. GENERAL DIRECTOR'S SIGNATURE <b>S. J. W. [Signature]</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 4 '58</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith [Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 2190

P. O. Address 2769th...

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.