

Health, Welfare, Public Service

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27522-59

58-015905

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4635

300  
-57

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, Missouri</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 INSTITUTION <b>St. Louis Maternity</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>5229 Enright</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Henderson</b>			4. DATE OF DEATH Month Day Year <b>April 22 1958</b>		
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 22, 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>0 20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or county) <b>St. Louis, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
13a. FATHER'S NAME <b>Gilbert WMM Henderson</b>		13b. MOTHER'S MAIDEN NAME <b>Willie "V" James</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Gilbert &amp; Willie Henderson 5229 Enright</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>apoplexy</b> DUE TO (b) <b>atelectasis</b> DUE TO (c) <b>immaturity</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>abruptio placenta - a fibromyomenia - C-section</b>					INTERVAL BETWEEN ONSET AND DEATH <b>762.5 20 mins</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 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 attended the deceased from <b>April 22, 1958</b> to <b>April 22,</b> and last saw her <sup>her</sup> alive on <b>April 22, 1958</b> Death occurred at <b>4:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Norman K. Muschany M.D.</b>			22b. ADDRESS <b>630 S. Kingshighway</b>		22c. DATE SIGNED <b>4-24-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>4-30-58</b>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Rowland - New 410 &amp; Manchester</b>			25. DATE RECD. BY LOCAL REG. <b>APR 30 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b> m JTB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(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.....

P. O. Address.....

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.