

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020350

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1304

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>W000 WEBSTER GROVES</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL</b>		Length of stay in lb <b>16 days</b>		d. STREET ADDRESS (If outside, give location) <b>176 WILLIS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Henderson</b> Last <b>Henderson</b>				4. DATE OF DEATH Month <b>5</b> Day <b>6</b> Year <b>58</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 2 1865</b>		9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. (Month, day, hour, min.) <b>93</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religion</b>		11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MR. HENDERSON</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. MAYMIE HENDERSON</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Thermin Henderson</b>		Address	
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>Myocardial Infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day?</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized Arteriosclerosis</b>		DUE TO (c) <b>4201</b>		Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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>4-22-58</b> to <b>5-6-58</b> and last saw her alive on <b>5-6-58</b> Death occurred at <b>11:40 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Robert W. Donke</b>				22b. ADDRESS <b>601 So. Bryantwood</b>		22c. DATE SIGNED <b>5-8-58</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (Specify)		
<b>Burial</b>		<b>5-14-58</b>	<b>Father Dicksons</b>		<b>Crestwood Mo</b>		
24. FUNERAL DIRECTOR <b>J. J. Yardell, Sons Funeral Home</b> ADDRESS <b>177 East Washburn</b>			25. DATE RECD. BY LOCAL REG. <b>5-14-58</b>		26. REGISTRAR'S SIGNATURE <b>Robert W. Donke M.D.</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Heard* .....  
Licensed Embalmer No. *424* .....  
P. O. Address *White Plains* .....

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.