

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030508

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7825

5. 300

1-57

3

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</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 INSTITUTION <b>38 MISS. RIVER</b>		Length of stay in lb <b>21/9</b>	d. STREET ADDRESS (If outside, give location) <b>3622 COOK</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EDDIE</b> Middle <b>HENDERSON</b> Last			4. DATE OF DEATH Month <b>8</b> Day <b>10</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>2 NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-16-1926</b>
9. AGE (In years last birthday) <b>31</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HENRY HENDERSON</b>	13b. MOTHER'S MAIDEN NAME <b>LULA</b>
14. NAME OF HUSBAND OR WIFE <b>—</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW 2</b>	16. SOCIAL SECURITY NO. <b>—</b>
17. INFORMANT <b>WILLIAM HENDERSON</b>		Address <b>3622 COOK</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <b>Suffocation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>100 to drowning</b> DUE TO (c) <b>E929.8 42</b>			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 as applicable) <b>She fell from a bridge in Mississippi River at the foot of Grand Street</b>		
20c. TIME OF INJURY Hour <b>8</b> Month, Day, Year <b>10 1958</b> 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.) <b>River</b>		20f. CITY, TOWN, OR LOCATION <b>St Louis</b> COUNTY <b>MO</b> STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>1150 A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M Kelly</b> (Deceased or title) <b>Deputy Coroner</b>		22b. ADDRESS <b>1300 CLARK AVE.</b>	
22c. DATE SIGNED <b>8-12-58</b>		23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>8-13-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>JEFFERSON BKS. MO.</b>		(State)	
24. FUNERAL DIRECTOR <b>PEARSTON FUNERAL HOME</b>		ADDRESS <b>3615 EASTON</b>	
25. DATE RECD. BY LOCAL REG. <b>AUG 1 2'58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	

**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.

*Body Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed ..... *Leroy H. Panzister*

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.