

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045789

STATE FILE NUMBER

12681

FILED JAN 14 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits  
OR TOWN St. Louis Yes  No

c. CITY OR TOWN St. Louis Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b  
38 HOSPITAL OR INSTITUTION Dep City Hosp

2129 STREET ADDRESS 5000 Kensington (If workside, give location) Reside on Farm  
Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Leon Henderson

4. DATE OF DEATH Month Day Year  
Dec 27 1958

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED

8. DATE OF BIRTH 9 Feb. 1910

9. AGE (In years last birthday) 48  
IF UNDER 1 YEAR IF UNDER 24 HRS.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

100. KIND OF BUSINESS OR INDUSTRY Natl. Lead

11. BIRTHPLACE (City and state or country) Scola Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Henderson

14. MOTHER'S MAIDEN NAME Ella Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT Address Maggie Henderson 5000 Kensington

18. CAUSE OF DEATH [Enter only one cause per item for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary Occlusion (Atherosclerosis)  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) f20-1  
DUE TO (c)

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  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK

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 12/4/58 to and last saw her/him alive on Death occurred at 12/4/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or title) Calvin E. [Signature]

22b. ADDRESS 1300 [Address]

22c. DATE SIGNED 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 2 Jan. 1959

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1889 N. Union

25. DATE RECD. BY LOCAL REG. DEC 30 58

26. REGISTRAR'S SIGNATURE [Signature]

Health, Welfare Public Service  
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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John Cunningham* .....  
44-

Licensed Embalmer No. ....

P. O. Address *2405 m* .....

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