

FILED MAY 19 1947 791

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5207 South 37th, Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL") 1517

(d) Street No..... 5207 South 37th, Street 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME..... Clarence E. Henry

3. (b) If veteran, name war.....

3. (c) Social Security No..... 702-12-6475

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year..... 1942 hour..... 4 minute 10 A. M.

4. Sex..... Male ()

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Harriett Henry

6. (c) Age of husband or wife if alive..... 45 years

7. Birth date of deceased..... April 9th 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

50 0 29hr.min.

Immediate cause of death.....
Bilateral Coronary Arteriosclerosis

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Ass't Station Master

11. Industry or business..... Union Station

Due to.....
as Pending

Due to.....
MI

Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name..... J. D. Henry

{ 13. Birthplace..... Unknown Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Unknown Unknown

{ 15. Birthplace..... Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: 1
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Harriett Henry

(b) Address..... 5207 South 37th Street

17. (a) Burial (b) Date thereof..... May 11th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Wm. J. Robert

(b) Address..... 1905 S. Grand Blvd.

19. (a) MAY 9 1942 J. F. Breddick
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place)
..... means of injury.....

23. Signature..... (M. D. or other)
Address..... Date signed..... 5/9/42

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

X29484

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Howard P. Rowland

Licensed Embalmer No.

3114

P.O. Address

St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.