

Filed NOV 23 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9411

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

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:
3041 Eads Avenue
(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)

3. (a) PRINT FULL NAME Priscilla Henry

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph D. Henry 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Dec. 29th 1866
(Month) (Day) (Year)

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

75 10 8 hr. min.

9. Birthplace Bellfroy Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business At Home

MOTHER FATHER { 12. Name Albert Hutchison

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Frances E. Shipe

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

16. (a) Informant Joseph D. Henry

(b) Address 3041 Eads Avenue

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

(c) Place: burial or cremation Sun Set Burial Park Cem't

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

(b) Address 25 South Grand Blvd

19. (a) NOV 11 1942 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3041 Eads Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1942 hour..... minute 35 P.M.

21. I hereby certify that I attended the deceased from Nov 10 to Nov 7th 1942
that I last saw her alive on Nov 7th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Duration.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

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) (e) Means of injury.....

23. Signature J. F. Biedeck (M. D. or other) MD
Address 1446 S. Grand Date signed Nov 19 1942

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 John Kitter
Licensed Embalmer No. 3880
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 this body is not embalmed, fact should be so stated above.