No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38334

Primary Registration District No. 1003

Registrar's No. 9754

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3852 Russell Blv'd., Residence
(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

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

(d) Street No. 3852 Russell Blv'd.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRIETTA FRENCH ALCORN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Clyde W. Alcorn

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December (Month) 9 (Day) 1875 (Year)

8. AGE: Years 70 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Port Huron (City, town, or county) Michigan (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John French
13. Birthplace unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Dinah Vickers
15. Birthplace unknown (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mr. Clyde W. Alcorn
(b) Address 3852 Russell Blv'd., St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) NOV 15 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1946 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from June 6-46, 19, to Nov 13, 1946 that I last saw her alive on Nov 12-1946, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Essential Hypertension Auricular Fibrillation & Decompensation

Due to

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

Major findings:
Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas F Rosenberger (M. D. or other)

Address 7745 Olive St Road Date signed 11/14/46

(Licensed Embalmer's Statement on Reverse Side)

7745 Olive St Rd.
DE 0211

4 p.m.

Sar 1

9754

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 Raymond L Moirs

Licensed Embalmer No. 4330

P. O. Address Maplewood M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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