

Registration District No. _____ Primary Registration District No. 100's

1. PLACE OF DEATH:
 (a) County ST. LOUIS - MO
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Homer Phillips Hos. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 4 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County 600
 (c) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL.") 17
 (d) Street No. 4335 E. EASTON AVE (If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME OTTO TENIGUS
 (b) If veteran, name war NO
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 9th
 year 1948 hour 2:30 minute _____ P.M.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Easter Henigus 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased Feb 7th 1902
 (Month) (Day) (Year)

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

8. AGE: Years 46 Months 5 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration _____
 Due to _____
 Due to _____

9. Birthplace Charksdale MISS
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation WATCHMAN

11. Industry or business _____

MOTHER FATHER { 12. Name Mack Henigus
 13. Birthplace RAYMOND MISS
 (City, town, or county) (State or foreign country)
 14. Maiden name Marion Wallace
 15. Birthplace RAYMOND MISS
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Easter Henigus
 (b) Address 4235 E. EASTON AVE

While at work _____ (Specify type of place) _____
 (or) Nature of injury _____

17. (a) Burial (b) Date thereof 7-15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 7/10/48

(c) Place: burial or cremation Greenwood Cemety

18. (a) Signature of funeral director Ellis FUN. Home
 (b) Address 2830 Stoddard St.

19. (a) JUL 14 1948 J. F. Brudica
 (Date received local registration) (Registrar's signature)

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13*

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.