

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

35664

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8693**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4204 Westminster Place		e. STREET ADDRESS (If rural, give location) 19 4204 Westminster Place 21975	

3. NAME OF DECEASED (Type or Print) Cora	a. (First)	b. (Middle)	c. (Last) McHenry	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1954
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Oct. 16, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11 Days 7	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Alton, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Cornelius McHenry	13b. MOTHER'S MAIDEN NAME Julia Reidy	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Mary M. Henry, 4204 Westminster Place	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4201
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22. I hereby certify that I attended the deceased from **Jan 1, 1934**, to **Sept. 23, 1954**, that I last saw the deceased alive on **Sept 23, 1954**, and that death occurred at **12:20 am**, from the causes and on the date stated above.

23a. SIGNATURE Wanda Becker, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 9-23-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Ill.
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DATE REC'D BY LOCAL REG. SEP 23 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	EMERALD DIRECTOR'S SIGNATURE W. J. Donnelly	ADDRESS 3840 Lindell Blvd.
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S. P. (Licensed Embalmer's Statement on Reverse Side)

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

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 MR..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. H. Hagen.....

Licensed Embalmer No. 469.....

P. O. Address 3840 Lincoln.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.