

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

33577

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8360**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>27 INSTITUTION Homer G. Phillips</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>4214 W. Finney</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Henry</b>				First <b>Henry</b> Middle Last <b>Hale</b>		4. DATE OF DEATH Month <b>8</b> Day <b>28</b> Year <b>57</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Unk. 1899</b>			
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Private Homes</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Unknown</b>				14. MOTHER'S MAIDEN NAME <b>Georgia Mims</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>495-18-5429</b>		17. INFORMANT <b>Wilkins Getter 4209a W. Finney</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease with Decompensation</b>							INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>420.0</b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <b>Cirrhosis of Liver</b>							19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>8-21-57</b> to <b>8-28-57</b> and last saw <b>him</b> alive on <b>8-28-57</b> Death occurred at <b>2:45</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Sidney Travis</b>				22b. ADDRESS <b>M.D., 2601 Whittier Street</b>		22c. DATE SIGNED <b>9-5-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-7-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAK DALE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
24. FUNERAL DIRECTOR <b>G. Wade Granberry 4202 Finney Ave.</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 6 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*mrb*

Maintenance  
 Unknown  
 None  
 455-18-2432 Wilkins Getz & Son, Inc.

Private Homes of St. Louis, Mo.  
 George W. King

U. S. U.  
 1899  
 28

**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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....,  
 Signature of Student Embalmer

Signed *Leroy U. Bonniester*  
 Licensed Embalmer No. **4523**

P. O. Address **4251 Washir**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

Reversal  
 8-7-1927  
 OAK HALL CEMETERY  
 ST. LOUIS COUNTY, MO.  
 G. W. King  
 455-18-2432 Wilkins Getz & Son, Inc.