

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3138

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1160  
10 Township Central Primary Registration District No. 4470  
5 City University (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 13

**2. FULL NAME**

William Hastings Henry  
(a) Residence, No. 7215 - Greenway St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

OCCUPATION	3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Almira Henry</u>	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 11 - 1871</u>		
	7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>	DAY <u>10</u>
	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Pres. St. Louis</u>	11. Total time (years) spent in this occupation <u>25</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Co. Water Co.</u>	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis, Ind.</u>		
	10. Date deceased last worked at this occupation (month and year) <u>11/18/33</u>	13. NAME <u>Unknown</u>		
	MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
	FATHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Almira Henry</u> (ADDRESS) <u>7215 - Greenway St. City, Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>1-23-33</u>				
19. UNDERTAKER <u>Overland</u> (ADDRESS) <u>3720</u>				
20. FILED <u>Jan 21, 1933</u> <u>Lena V. Miller</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1927, 19\_\_\_\_, to Jan. 21, 1933, 19\_\_\_\_  
I last saw him alive on Jan. 21, 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis, (Degenerative Type) Date of onset several years  
General Arterial Hypertension 14 yrs.  
General Arterio-Sclerosis

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Hiram L. Luzzett M. D.  
(Address) 3720 Washington Blvd., St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

