

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **2027W Division St.**) St. Ward)

13215

File No.
Registered No. **3299**

2. FULL NAME

CHARLES HENLEY

(a) Residence, No. **2027W DIVISION** St., **21** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Mary Henley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **2/15/1876**

7. AGE YEARS **60** MONTHS **1** DAYS **7** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Minister**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hazel Hearst Miss.**

13. NAME **Thomas Henley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

17. INFORMANT (ADDRESS) **2027W Division St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **3/28** 19**36**

19. UNDERTAKER (ADDRESS) **J. P. Richards**
2606 N. Leffingwell

20. FILED **MAR 27 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-22-** 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from **3-14-** 19**36**, to **3-22-** 19**36**

I last saw him alive on **3-22-** 19**36** Death is said to have occurred on the date stated above, at **1:55 P.M.**

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
2-17
1936

Hypertensive Heart Disease

Other contributory causes of importance:

General Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? **Clinical** 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?

If so, specify

(Signed) **Julius C. Sherard** M. D.(Address) **1635a Carr St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

