MAY 7 1936

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

Do not use this space.

17682

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4465

Township ..... Primary Registration District No. 1003 Registered No. .....

City ..... (No. 2209 Hebert St. ..... Ward)

2. FULL NAME Robert McHenry

(a) Residence, No. 2209 Hebert St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26th 1856

7. AGE 79 YEARS | 8 MONTHS | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Illinois

FATHER

13. NAME William McHenry

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

MOTHER

15. MAIDEN NAME Silvia Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sister Jeanne 2209 Hebert

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 4/25 36

19. UNDERTAKER (ADDRESS) Arthur S. Donnelly Inc. 3840 Lindell

20. FILED APR 24 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936 to April 22, 1936

I last saw him alive on April 22, 1936. Death is said to have occurred on the date stated above, at 6 30 P.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation None. 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? No

If so, specify .....

(Signed) Anthony A. Prekorski, M. D.

(Address) 1525 a Cass Ave.

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.