

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

31109

Do not use this space.

DEPT OCT 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. John's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George P. Henry
 (a) Residence, No. 3321 Pestalozzi St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13. 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 -- 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. Plastering
 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) Pennsylvania.

FATHER 13. NAME John Henry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Sabina Harter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Harold F. Henry
3321 Pestalozzi St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter & Paul Cem DATE Oct. 1. 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Gibson Law Co
2630 Gravois Avenue

20. FILE SEP 29 1938 J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1938, to 9/28 1938.
 I last saw him alive on 9/28 1938. Death is said to have occurred on the date stated above, at 3:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism
59
 Date of onset 9/28/38

Other contributory causes of importance:
Diabetes Mellitus 1936
Prostatic Obstruction 1934
Atherosclerosis 1938
 Name of operation Cystotomy Date of 9/28/38
 What test confirmed diagnosis? 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? Yes
 If so, specify Not specified M. D.
 (Signed) W. T. Bartlett
 (Address) 650 Century Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, _____

Herman A. Gebken

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. *2120*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.