

REC'D FEB 10 1939

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

861
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 861
(c) City St. Louis, Mo. (d) Street No. 1421 Benton Street 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 Albert Henry

(a) Residence, No. 1421 Benton Street St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 late Sarah Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16th 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as 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) Taylorville, Ills

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Amanda Bahr) & (Robt Henry
(ADDRESS) 1421 Benton,) (Peoria, Ills

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 1-28-39 19

19. FUNERAL DIRECTOR (NAME) Wm Leidner M Co
(ADDRESS) 1717 N. Duane St.

20. FILED JAN 27 1939
J. F. Brubaker
Local Registrar.

No other certificate of death
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1939

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 9:15 AM

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

Chronic Myocarditis
Arteriosclerosis
Other contributory causes of importance:

Name of operation Date of
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 Chief Clerk

(Signed) Wm Leidner M Co M.D.
(Address) 1717 N. Duane St.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

John P. Bushholz

Licensed Embalmer No. 1674

P. O. Address 3223 Solway Ave

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

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