

REC'D JUN 12 1939

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

16791
Do not use this space.

4325

1. PLACE OF DEATH

(a) County.....² Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City.....St. Louis (d) Street No. 5031 Northland Ave. Registered No.....
(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

(a) Residence, No. James J. Mc. Henry,
5031 Northland Ave. St. 6 (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 <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>Jennie Mc. Henry</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 5, 1874</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Meat Packer</u>			
	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.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>			
	13. NAME <u>William Mc. Henry</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
	15. MAIDEN NAME <u>Elizabeth Sheridan,</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				
17. INFORMANT (ADDRESS) <u>Mrs. Jennie Mc. Henry,</u> <u>5031 Northland Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>5-10-39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Cullinane Brothers</u> <u>1710 N. Grand Blvd.</u>				
20. FILED <u>MAY 9 1939</u> <u>J. B. Bredem</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to May 7, 1939.
I last saw him alive on May 7, 1939. Death is said to have occurred on the date stated above, at 1.10 P.M.
The principal cause of death and related causes of importance were as follows:
Acute hepatitis alcoholic
1240
Date of onset Apr. 7-39

Other contributory causes of importance:
Portal obstruction & Ascites
Obstructive jaundice. Apr. 10-39

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) John J. Hammond M. D.
(Address) 634 N. Grand Blvd.

WHILE PLAINLY, WITH UNWADING INSTRUCTIONS 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.

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.....

Fred Truck

Licensed Embalmer No. *3186*

P. O. Address.....

St. Louis Mo

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.