

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38299

State File No.

Registrar's No. 10138

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution still born
In this community still born years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. St 2515^a Market
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

Still born (no name)

3. (b) If veteran name was

Baby Henry

3. (c) Social Security No.

4. Sex

M.

5. Color or race

negro

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife

7. Birth date of deceased

1/25/39
(Month) (Day) (Year)

8. AGE:

Years still born Months - Days - If less than one day - hr. - min. -

9. Birthplace

St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Arthur Lee Henry

13. Birthplace

New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name

St. Louis Mo

15. Birthplace

St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Alice Henry

(b) Address

3517 A. Market, St. Louis

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

1/28/39
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood cem

18. (a) Signature of funeral director

English and Co

(b) Address

NOV 28 1939

19. (a)

(Date received local registrar)

(b)

J. B. Budek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 Day 25 Year 1939
hour still born minute still born M.

21. I hereby certify that I attended the deceased from still born
19 - to - 19 -;
that I last saw him alive on 8 P.M. 19 -;
and that death occurred on the date and hour stated above.

Immediate cause of death ?

Due to ?

Due to ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of work) (e) Means of injury

23. Signature Palston S. Wilkell (M. D. or other)

Address 1536 Papm St Date signed 11/28/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.**