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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9070

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2553

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) City St. Louis

(b) City or town ____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3weeks (Specify whether years, months or days)

In this community 42

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town St. Louis (If outside city or town limits write "RURAL") 2

(d) Street No. 4735 Terrace Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John Henrich

3. (b) If veteran, name war no

3. (c) Social Security No. 400-07-2791

4. Sex male

5. Color or race white

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

6. (b). Name of husband or wife Florence Camden

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 29th. 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	8	18	hr. ____ min.

9. Birthplace St. Louis (City, town, or county) 6 (State or foreign country)

10. Usual occupation Switch Board Electrician

11. Industry or business Western Electric Co

FATHER 12. Name John Henrich

FATHER 13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 6

MOTHER 14. Maiden name Barbara Rohr

MOTHER 15. Birthplace Germany (City, town, or country) 6 (State or foreign country)

16. (a) Informant Florence Henrich

(b) Address 4735 Terrace Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 19th (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem

18. (a) Signature of funeral director Bruce Kennamore

(b) Address 6203 Gravois

19. (a) MAR 18 1940 (Date received local registrar) (b) J. Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year ____ hour 12 Noon minute ____ M.

21. I hereby certify that I attended the deceased from Jan 31, 1940 to March 16, 1940 that I last saw him alive on March 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 1 yr.

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy Carcinoma of Stomach

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? ____ (Specify type of place)

(e) While at work ____ (f) Means of injury ____

23. Signature Bruce Kennamore (M. D. or other)

Address 3720 Washington Date signed 3-18-40

(Licensed Embalmer's Statement on Reverse Side)

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. 2971

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.