

FILED JUN 15 1940 17

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3933 Parnell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 3933 Parnell St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Lula D. Henrie 560
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George E. Henrie 6. (c) Age of husband or wife if alive Deceased 5 years
7. Birth date of deceased January 27, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 74 3 9 hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Unknown

18. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Robert E. Henrie

(b) Address 3933 Parnell St.

17. (a) Burial (b) Date thereof 5/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 8 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1940 hour 11:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb.
10, 1940, to May 6, 1940
that I last saw h[im] alive on May 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to General Anasarca 4 weeks

Due to Carcinoma of liver 6 months

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

Major findings: Carcinoma of liver
Of operations _____
Of autopsy _____

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?
8114

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. Castangara (M. D. or other) DC

Address 5020 Page Blvd Date signed May 7, 1940

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 9*

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.