

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_
- (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location) /
- (d) Length of stay: In hospital or institution 1 day  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Henry Cletus Henry8. (b) If veteran, name war none3. (c) Social Security No. 489-09-27534. Sex male 5. Color or race white6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Emma Henry6. (c) Age of husband or wife if alive 37 years7. Birth date of deceased Feb. 12, 1898  
(Month) (Day) (Year)8. AGE: Years 42 Months 7 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Edwardsville Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Warehouse Foreman11. Industry or business Schell Petrol. Co.12. Name David John Henry13. Birthplace Belleverille Ill.  
(City, town, or county) (State or foreign country)14. Maiden name Catherine Mullane15. Birthplace Ill.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Miss Emma Henry(b) Address 514 Jefferson ave.17. (a) \_\_\_\_\_ (b) Date thereof 9-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Edwardsville Ill.18. (a) Signature of funeral director Strube Funeral Home(b) Address Edwardsville Ill.19. (a) SEP 19 1940 (b) J. R. Biddick  
(Date) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County \_\_\_\_\_
- (c) City or town Edwardsville NR  
(If outside city or town limits, write "RURAL")
- (d) Street No. 514 Jefferson ave.  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14  
year 1940 hour 1 minute 15 A.M.21. I hereby certify that I attended the deceased from 9-13-40  
\_\_\_\_\_, 19\_\_\_\_, to 9-14, 1940.that I last saw him alive on 9-14- \_\_\_\_\_, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Myxoid leukemia Duration 2 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature H. R. Bierman, M.D. (M. D. or other) \_\_\_\_\_Address BARNES HOSPITAL Date signed \_\_\_\_\_

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.

FILED OCT 25 1940

1 X 1951

7814

7814

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.....

*Myself*  
.....  
working under my personal supervision.

Registered Apprentice No. *311*

*Howard J. Rowland*  
Signed *Howard J. Rowland*

Licensed Embalmer No. *3114*

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.