

No. 2
4-12-40
1-17-39
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JAN 15 1947
Registration District No. 791

Primary Registration District No. 1005

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

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:
St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ten days
(Specify whether life)

In this community life
years, months or days

3. (a) PRINT FULL NAME William L. Henry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lydia B

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

7. Birth date of deceased August 25, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 8
If less than one day hr. min.

9. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Police Lieutenant

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard J. Henry

13. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kempf

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Beauford L Henry

(b) Address 5304 Robert

17. (a) burial (b) Date thereof 12/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vaihalla Cemetery

18. (a) Signature of funeral director John L. Ziegler

(b) Address 7027 Gravois

19. (a) DEC 6 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5304 Robert
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 3rd
year 1946 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 26
1946, to Dec 3, 1946
that I last saw him alive on Dec 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Arteriosclerosis
Due to Chronic Myocarditis
Due to Chronic Nephritis

Duration
?
?

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 place) (e) Means of injury

23. Signature J. H. Bredeck (M. D. MD)
Address 5417 No Grand Date signed 12-4-40

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..... *A.P. Tidwell*

Licensed Embalmer No. *3877*

P.O. Address *7027 Gravois*

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, fact should be so stated above.