

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1361

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
In route to hospital 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Marion Henley  
 8. (b) If veteran, name war No  
 8. (c) Social Security No. 498-18-1209

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Daise Lee Henley  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Jan. 30, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name ? Henley  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Henley  
 (b) Address 6318a Spencer Pl.,

17. (a) Burial (b) Date thereof June 29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oran, Mo.

18. (a) Signature of funeral director Jos. W. Clark  
 (b) Address 1125 Hodiament Ave.

19. (a) JUN 29 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town University City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6415 Bartmer Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
 year 1941 hour 7.00 minute A.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
 Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Coronary occlusion.

Due to \_\_\_\_\_ 940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes. 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 Louis H. [Signature] (M. D. or other) \_\_\_\_\_  
 Address Kirkwood, Mo. 6/28/41 Date signed \_\_\_\_\_

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.

Bopp

Reverse side.

Reverse side.

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**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

*Ray W. Wilkerson*

Licensed Embalmer No. 35-75

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of May, 1951.