

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26872

FILED SEP 17 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6664

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:
en route Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 20 Years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5398 Pearsings
(If rural, give location)

(e) No attending physician
(If foreign born, how long in U. S. _____ years)

3. (a) PRINT FULL NAME William A. Henley

3. (b) If veteran, name war _____

3. (c) Social Security No. 01

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 2

5. Color or race Clo

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 16 13 1898
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 53 Months 2 Days _____ If less than one day _____ hr. _____ min.

Chronic Myocarditis
and Atherosclerosis

9. Birthplace Montgomery, Ala 1
(City, town, or county) (State or foreign country)

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

10. Usual occupation Common Labor

11. Industry or business _____

Major findings:
Of operations 93

Of autopsy 93

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

MOTHER, FATHER

12. Name Anderson Henley

13. Birthplace Montgomery, Ala 1
(City, town, or county) (State or foreign country)

14. Maiden name Lula Wallace

15. Birthplace Ala Ala. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Henley

(b) Address 5398 Pearsings

17. (a) Burial (b) Date thereof 8/ 16/ 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

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? _____

18. (a) Signature of funeral director Pinkie L. Toney

(b) Address 3129 Lucas Ave

19. (a) AUG 15 1941 (b) J. J. Czeduk
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Perry (M. D. or other) 3

Address St. Louis, Mo Date signed 8/14/41

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed: Charles Young
Licensed Embalmer No. 337 P
P. O. Address St Louis

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.