

FILED FEB 24 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County..... ST. LOUIS  
(b) City or town.....  
(c) Name of hospital or institution.....  
DESLOGE HOSPITAL  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution..... 4 MONTHS 8 DAYS  
In this community..... 3 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County.....  
(c) City or town..... ST. LOUIS  
5400 ARSENAL ST.  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HENRY JOHN BRISTOL

3. (b) If veteran, name war..... None 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced..... SINGLE

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

7. Birth date of deceased..... APRIL 19, 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	8	25	hr. min.

9. Birthplace..... ALBANY NEW YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation..... MEDICAL STUDENT

11. Industry or business.....

12. Name..... JOHN HENRY BRISTOL

13. Birthplace..... FAYETTEVILLE NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name..... JOSEPHINE LAURA COFF

15. Birthplace..... ALBANY NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant..... JOHN EDWIN BRISTOL

(b) Address..... 2211 NIAGRA AVE. NIAGRA FALLS

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-17-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 1318 40 Lindell Blvd.

19. (a) J. F. Braddock (b) J. F. Braddock  
(Data derived from (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 14, year 1942 hour 4, 40 minute P M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Jan 14, 1942, that I last saw him alive on Jan 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death..... Pericarditis Modera Duration Sept 1, 1941

Due to..... Unknown cause

Due to.....

Other conditions..... 99! (Include pregnancy within 5 months of death)

Major findings: Of operations.....

Of autopsy..... yes, findings of Pericarditis Modera

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. P. Brennan M.D. (M. D. or other)

Address..... 539 N. Grand Date signed..... 1/16/42

*Dr. A. J. Messner  
Hennepin County*

**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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

**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.**