

S. No. 2
M-9-4-41
Rev. 5-17-39
I-22948A

19645

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5281**

Registration District No. _____ Primary Registration District No. **1003**

JUL 3 - 1942 12 00

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

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: **4668 Miami Street**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **9 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **15000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **4368 Miami Street**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **OLLIE VIRGINIA HENLEY**

3. (b) If veteran, name **no** 3. (c) Social Security No. **no**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **A. T. Henley** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 5 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 **10** **10** _____ hr. _____ min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **Wm. Pendleton**

13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Susan Burger**

(b) Address **4368 Miami Street**

17. (a) **Removal** (b) Date thereof **June 17 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edon Missouri**

18. (a) Signature of funeral director **A. W. McLaughlin**

(b) Address **2301 Lafayette**

19. (a) **JUN 19 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1942** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Dec 29 1941** to **June 15 1942**
that I last saw her alive on **June 11 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **hypertensive heart disease**

Due to _____
Due to _____

Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **9/8 to 9/5**
Of autopsy _____

Duration _____
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 **0**

23. Signature **H. F. Bergman** (M. D. or other) **MD**
Address **3220 Washington** Date signed **6/15/42**

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JUL 6 - 1942

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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 L. B. Cooper
Licensed Embalmer No. 3633
P. O. Address 2312 Lafayette

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.