

FILED DEC 11 1942

Primary Registration District No. **7003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4030 St. Ferdinand
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ethelaine Henry

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

4. Sex Female 3. Color or race Col. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mark Henry 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec 1 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 29 If less than one day
hr. min.

9. Birthplace Low Peach Tree Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business.....
12. Name Ben King
13. Birthplace Low Peach Tree Ala
(City, town, or county) (State or foreign country)
14. Maiden name Adley Buring
15. Birthplace Low Peach Tree Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Jones
(b) Address 410 30 St Ferdinand

17. (a) Burial (b) Date thereof 12-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. D. Richardson
(b) Address 2625 Glasgow

19. (a) DEC 11 1942 (b) J. B. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30,
year 1942 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from November 16, 1942 to November 30, 1942;
that I last saw him or alive on November 30, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Tongue Duration 6 mos.

Due to.....
Due to.....
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..... (M. D. or other)
Address..... Date signed.....

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

MOTHER FATHER

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. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

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.