

S. No. 2
M-9-4-41
5-17-30
PI

12246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 3401

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:
De Paul Jospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

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

(d) Street No..... 2116 E. Prairie ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Henry

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 9 minute 55 a M.

21. I hereby certify that I attended the deceased from 1-7-43
to 4-9-43, 19...;
that I last saw her alive on 4-9-43, 19...;
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife..... Franklin O Henry

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

7. Birth date of deceased..... September 5 1871
(Month) (Day) (Year)

Immediate cause of death.....
Cardiac decompensation

Since about 12-28-42

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>4</u> hr. min.

Due to.....

Due to.....

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

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... at home

11. Industry or business..... at home

12. Name..... William Spreen

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Henrietta Hilmer

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

16. (a) Informant..... Elmer J. Henry

(b) Address..... 917 Keith ave, Waukegan, Ill

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof..... Apr-12- 43
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... A. Von Lo U. Co.

(b) Address..... 2707 N. Grand Bl.

19. (a) APR 11 1943 (Data received local registrar)

J. F. B... (Registrar's signature)

Major findings:
Of operations.....

Of autopsy..... Same

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 of physician..... Walter H. Spoenemann D. or other

Address..... 1506 St. Louis Date signed..... 4-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Paul F. Krollenberg*

Licensed Embalmer No. *963198*

P.O. Address. *2707 N Grand*

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.