

FD MAY 12 1943 318

Registration District No.

Primary Registration District No. 4002

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 2 years 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. 2836 Cass (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James J. Henry

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

4. Sex Male 5. Color or Race Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March, 16, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months I Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Starksville, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER
12. Name Soloman Henry
13. Birthplace Starksville, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Hager Drizle
15. Birthplace Starksville, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Hoffman

(b) Address 2836 Cass, Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, Miss.

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton, Ave.

19. (a) MAY 2 1943 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29,
year 1943 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 25,
1943 to April 29, 1943

that I last saw him alive on April 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Prob. Tuberculous Pneumonia
Right Hemiplegia

Duration
3 weeks
Unknown

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 J. F. Brueck (M. D. or nurse) _____

Address 2601 Whittier Date signed 4-29-43

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.....

William C. McDowell Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.